

General Definitions:

- **Pediatric** refers to patients 14 years old or younger.
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Demographic	F1.1	Hospital Index	HOSP_INDEX	A unique number for each patient encounter. Hospitals should use their billing number. The hospital index, along with the hospital ID number (see INST_NUM), will uniquely identify this patient record.
Demographic	F1.1	Facility ID Number	INST_NUM	<p>A number assigned by the state that is unique to this hospital. This, together with the hospital index (see HOSP_INDEX), will uniquely identify a patient record.  <i>Note: Unless you are using Central Site Collector, this number will be entered automatically.</i></p> <p><b>Central Region</b>            014 = Children’s Hospital &amp; Medical Center (Seattle)            029 = Harborview Medical Center (HMC) (Seattle)            035 = Enumclaw Community Hospital (Enumclaw)            126 = Highline Community Hospital (Burien)            130 = Northwest Hospital &amp; Medical Center (Seattle)            131 = Overlake Hospital Medical Center (Bellevue)            155 = Valley Medical Center (Renton)            164 = Evergreen Hospital Medical Center (Kirkland)            183 = Auburn Regional Medical Center (Auburn)            201 = St. Francis Community Hospital (Federal Way)</p> <p><b>East Region</b>            021 = Newport Community Hospital (Newport)            030 = Mount Carmel Hospital (Colville)            037 = Deaconess Medical Center (Spokane)            042 = Deer Park Hospital (Spokane)            080 = Odessa Memorial Healthcare (Odessa)            082 = Garfield County Hospital District (Pomeroy)            108 = Tri-State Memorial Hospital (Clarkston)            111 = East Adams Rural Hospital (Ritzville)            125 = Othello Community Hospital (Othello)            137 = Lincoln Hospital (Davenport)            139 = Holy Family Hospital (Spokane)            153 = Whitman Hospital and Medical Center (Colfax)            157 = St Luke’s Rehabilitation Institute (Spokane)            162 = Sacred Heart Medical Center (Spokane)            167 = Ferry County Memorial Hospital (Republic)            172 = Pullman Regional Hospital (Pullman)            180 = Valley Hospital &amp; Medical Center (Spokane)            194 = St. Joseph Hospital (Chewelah)            950 = St. Joseph Regional Medical Center (Lewiston, ID)</p> <p><b>North Region</b>            027 = Providence Everett Medical Center (Everett)            073 = Skagit Valley Hospital (Mt. Vernon)            104 = Valley General Hospital (Monroe)            106 = Cascade Valley Hospital (Arlington)            138 = Stevens Hospital (Edmonds)            145 = St. Joseph Hospital (Bellingham)            156 = Whidbey General Hospital (Coupeville)            163 = Island Hospital (Anacortes)            961 = Inter-Island Medical Center (Friday Harbor)            965 = Darrington Clinic (Darrington)            967 = United General Hospital (Sedro-Woolley)</p> <p><b>North Central Region</b>            023 = Okanogan-Douglas County Hospital (Brewster)            045 = Columbia Basin Hospital (Ephrata)            078 = Samaritan Hospital (Moses Lake)            107 = North Valley Hospital (Tonasket)</p>

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				<p>129 = Quincy Valley Medical Center (Quincy)            147 = Mid-Valley Hospital (Omak)            150 = Coulee Community Hospital (Grand Coulee)            158 = Cascade Medical Center (Leavenworth)            165 = Lake Chelan Community Hospital (Chelan)            168 = Central Washington Hospital (Wenatchee)</p> <p><b>Northwest Region</b>            038 = Olympic Medical Center (Port Angeles)            054 = Forks Community Hospital (Forks)            085 = Jefferson General Hospital (Port Townsend)            142 = Harrison Memorial Hospital (Bremerton)            152 = Mason General Hospital (Shelton)</p> <p><b>South Central Region</b>            022 = Lourdes Medical Center (Pasco)            039 = Kennewick General Hospital (Kennewick)            044 = Walla Walla General Hospital (Walla Walla)            046= Prosser Memorial Hospital            050= Providence St. Mary Medical Center            058= Yakima Valley Memorial Hospital            102= Yakima Regional Medical Center            140 = Kittitas Valley Community Hospital (Ellensburg)            141 = Dayton General Hospital (Dayton)            161 = Kadlec Medical Center (Richland)            198 = Sunnyside Community Hospital (Sunnyside)            199 = Toppenish Community Hospital (Toppenish)</p> <p><b>Southwest Region</b>            08 = Klickitat Valley Hospital (Goldendale)            026 = St. John Medical Center (Longview)            079 = Ocean Beach Hospital (Ilwaco)            096 = Skyline Hospital (White Salmon)            170 = Southwest Washington Medical Center (Vancouver)</p> <p><b>West Region</b>            032 = St. Joseph Medical Center (Tacoma)            056 = Willapa Harbor Hospital (South Bend)            063 = Grays Harbor Community Hospital (Aberdeen)            081 = Good Samaritan Community Healthcare (Puyallup)            132 = St. Clare Hospital (Lakewood)            159 = Providence St. Peter Hospital (Olympia)            173 = Morton General Hospital (Morton)            175 = Mary Bridge Children’s Hospital (Tacoma)            176 = Tacoma General Hospital (Tacoma)            186 = Mark Reed Hospital (McCleary)            191 = Providence Centralia Hospital (Centralia)            197 = Capital Medical Center (Olympia)            209 = St. Anthony Hospital (Gig Harbor)            720 = Madigan Army Medical Center (Fort Lewis)</p>
Demographic	F1.1	Abstractor	ABSTRACTOR	Indicates the ID number (if your facility has assigned one) or initials of the person abstracting the data for the Trauma Registry.
Demographic	F1.1	Accession Number	ACC_NUM	Reserved for DOH linking purposes.
Demographic	F1.1	Abstraction Date	ABS_DATE	The latest date that information was entered or modified for this patient record. If adding a record, today’s date is automatically filled in. If modifying a previously closed record, you must override the field with today’s date.
Demographic	F1.1	Abstraction Month	ABS_DATE_M	Month portion of the Abstraction Date. Valid values range from 1 to 12.

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Demographic	F1.1	Abstraction Day	ABS_DATE_D	Day portion of the Abstraction Date. Valid values range from 1 to 31.
Demographic	F1.1	Abstraction Year	ABS_DATE_Y	Year portion of the Abstraction Date. Valid values are from 1980 to 2099.
Demographic	F1.1	Patient ID Number	PAT_ID_NUM	The unique number assigned by your facility to this patient within your hospital (but not necessarily unique to this patient encounter). This is the patient’s medical record number. <b>Note: Do not use ‘U’ Unknown or (/)Not Applicable in this field.</b>
Demographic	F1.1	Patient Name	PAT_NAME	Indicates the patient’s full name, including the last, first, and middle initial.
Demographic	F1.1	Patient Last Name	PAT_NAM_LH	Enter the <i>full</i> last name. If unknown, enter an asterisk (*), and “unk” will display on the screen. <b>Note: Do not enter ‘/’ Not Applicable in this field.</b>
Demographic	F1.1	Patient First Name	PAT_NAM_FH	Enter the <i>full</i> first name -- do not use initial(s) unless the patient’s first name consists of initial(s). If unknown, enter an asterisk (*), and “unk” will display on the screen. <b>Note: Do not enter ‘/’ Not Applicable in this field.</b>
Demographic	F1.1	Patient Middle Initial	PAT_NAM_MH	The patient’s middle initial If no middle initial, leave blank. <b>Note: Do not use ‘U’ Unknown or (/)Not Applicable in this field.</b>
Demographic	F1.1	Date of Birth	DOB_TEXT	The patient’s date of birth. IF DOB is unknown, see <a href="#">RAW_AGEH</a> .
Demographic	F1.1	DOB Month	DOB_MH	Month portion of the patient’s date of birth. Valid values range from 1 to 12.
Demographic	F1.1	DOB Day	DOB_DH	Day portion of the patient’s date of birth. Valid values range from 1 to 31.
Demographic	F1.1	DOB Year	DOB_YH	Year portion of the patient’s date of birth. <i>Enter all 4 digits.</i> Valid values are from <i>1850 - 2098</i> .
Demographic	F1.1	Patient Age Entered by Abstractor	RAW_AGEH	Enter the Patient age if DOB is unknown. It is based on information received from the patient’s family or other reliable source. If the patient is under 1 year, enter number of <i>months</i> ; if under one month, enter number of <i>days</i> . If the patient is 1 year or older, enter number of <i>years</i> . Always attempt to estimate the age. If medical personnel estimate the age, enter the number of estimated years. Allowed values range from 1 to 120. See also <a href="#">AGE_TYPE</a> , <a href="#">AGE</a> .  <b>Note: There is only a single AGE field on the Collector screen.</b>
Demographic	F1.1	Age	AGE	Indicates the patient’s age at ED arrival date. It is automatically calculated by Collector if date of birth (DOB) is entered, using DOB and the ED arrival date. The patient age will initially be computed as the age at date of abstraction. However, once the ED arrival date is entered, the age field will automatically be refreshed with the correct patient age. If the DOB is unknown, Collector will take the value of the raw age entered by the user (see <a href="#">RAW_AGE</a> , <a href="#">AGE_TYPE</a> ) and round to the nearest year.  <i>Example 1: On abstraction date 1/1/1998, the patient’s DOB is entered as 1/1/1991. The patient AGE is automatically displayed on the Collector screen as 7. When the abstractor later enters the ED arrival date of 3/3/1996, the age is automatically modified to 5.</i>  <i>Example 2: The age is manually entered because DOB is unknown. The patient age is 5 months (family verified), so 5 is entered for the age, and 2 (=months) is entered for age units. The value of AGE in this case is zero, and the value of RAW_AGE is 5. If the entered age is 6 months, the value of AGE is 1, and the value of RAW_AGE is 6. This distinction is important when writing reports. See also <a href="#">RAW_AGEH</a>.</i>
Demographic	F1.1	In (Age Units)	AGE_TYPE	The age units corresponding to the patient’s age. If Collector automatically calculated patient age (see <a href="#">AGE</a> ), the age units field is automatically set by Collector as option 4 - “Estimated, in Years”; then, when the EDA is entered, the units field is updated to 1- “Years”. If, however, the abstractor manually entered

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				<p>the patient’s age (see <a href="#">RAW AGE</a>), then the age units are manually entered by the abstractor as shown below.</p> <p>1 = Years 2 = Months 3 = Days 4 = Estimated, in Years</p>
Demographic	F1.1	Sex	SEXH	<p>1 = Male 2 = Female Note: Enter the gender as listed by the patient or facility. Note: Do not use ‘U’ Unknown or (/)Not Applicable in this field.</p>
Demographic	F1.1	Pregnancy	<b>PREGNANCY</b> <b>New Required</b> <b>(12/17/2009)</b>	<p>Indicates whether the patient was pregnant at the time, for females age 10 to 60 years. Otherwise, cursor will skip to next element.</p> <p>1 = Yes 2 = No ‘U’ Unknown can be used for female patients with no pregnancy test results.</p>
Demographic	F1.1	Race	RACEH	<p>The race of the patient as stated by the patient or next of kin. Note: Hispanic is considered a national origin, not a race. If Hispanic is given as a response with no additional information, enter ‘U’ Unknown or (/)Not Applicable in this field, <i>and enter a 1 for the ethnicity field</i> (see <a href="#">ETHNICITYH</a>).</p> <p>1 = White 2 = Black 3 = Native American (American Indian, Eskimo, Aleut) 4 = Asian or Pacific Islanders (Asian includes Chinese, Filipino, Japanese, Asian Indian, Korean, Vietnamese, Cambodian, Hmong, Laotian, Thai, and other Asian. Pacific Islander includes Hawaiian, Samoan, Guam, Tongan, Other Polynesian, Other Micronesian, Melanesian, and other Pacific Islander.) 5 = Other</p>
Demographic	F1.1	Ethnicity	ETHNICITYH	<p>Note: Persons of Hispanic origin may be of any race. See also RACEH.</p> <p>1 = Hispanic Origin 2 = Non-Hispanic Origin</p>
Demographic	F1.1	Social Security Number	SSN	<p>The patient’s social security number. If patient does not have a social security number (e.g. is not a US citizen), or the SSN is unknown, enter ‘U’ Unknown in all three social security fields. See SOC_SEC_1H, SOC_SEC_2H, and SOC_SEC_3H. <b>LAST FOUR ONLY REQUIRED (12/17/2009)</b></p>
Demographic	F1.1	SSN Part 1	SOC_SEC_1H	<p>The first part (3 digits) of the patient’s social security number. If unknown, enter ‘U’ Unknown.</p>
Demographic	F1.1	SSN Part 2	SOC_SEC_2H	<p>The second part (2 digits) of the patient’s social security number. If unknown, enter ‘U’ Unknown.</p>
Demographic	F1.1	SSN Part 3	<b>SOC_SEC_3H</b> <b>(12/17/2009)</b>	<p>The third part (4 digits) of the patient’s social security number. In unknown, enter ‘U’ Unknown.</p>
Demographic	F1.1	Home Zip Code	PAT_ADR_Z	<p>Zip code of the patient’s residence. ‘U’ Unknown – Use if Zip code is not known, or if residence is outside U.S.</p>
Demographic	F1.2	Demographic s Memo	NOTES_DEMO	<p>Ten lines designated for a description of additional patient demographic information.</p>
Injury Data	F2.1	Injury Date	INJ_DATE	<p>Date that the patient was injured. (Note: Order of preference for source is prehospital run sheet, health care providers, patient, witness, family.) ‘U’ Unknown – If information is not available.</p>
Injury Data	F2.1	Injury Month	INJ_DATE_M	<p>Month that the patient was injured. Valid values are from 1 to 12. See INJ_DATE for a complete definition. ‘U’ Unknown – If information is not available.</p>
Injury Data	F2.1	Injury Day	INJ_DATE_D	<p>Day that the patient was injured. Valid values are from 1 to 31. See INJ_DATE for a complete definition. ‘U’ Unknown – If information is not available.</p>
Injury Data	F2.1	Injury Year	INJ_DATE_Y	<p>Year that the patient was injured. Valid values are from 1980 to 2099. See INJ_DATE</p>

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Injury Data	F2.1	Injury Time	INJ_TIME	Time that the patient was injured. (Note: Order of preference for source is prehospital run sheet, health care providers, patient, witness, family. Dispatch or 911 call time should not be used.) <b>‘U’ Unknown – If information is not available.</b>
Injury Data	F2.1	Injury Hour	INJ_TIME_H	Hour that the patient was injured. Valid values are from 0 to 23. See INJ_TIME for a complete definition. <b>‘U’ Unknown – If information is not available.</b>
Injury Data	F2.1	Injury Minutes	INJ_TIME_M	‘Minutes’ portion of time that the patient was injured. Valid values are from 0 to 59. See INJ_TIME for a complete definition. <b>‘U’ Unknown – If information is not available.</b>
Injury Data	F2.1	Zip Code of Place of Injury	ZIP_INJ <b>(New Requirement, 12/17/2009)</b>	Zip Code of Place of Injury. (Note: Order of preference for source is prehospital run sheet, health care providers, patient, or witness.) <b>‘U’ Unknown – If information is not available.</b>
Injury Data	F2.1	Incident Location Type	<b>E849 X</b>	The place where the injury occurred. These options are taken in part from the <b>E849 X</b> category. Refer to the ICD-9-CM coding manual for a complete description of these codes.  0 = Home 1 = Farm (exclude farmhouse) 2 = Mine/Quarry 3 = Industrial Place 4 = Place for Sports or Recreation 5 = Street or Highway 6 = Public Building 7 = Residential Institution 8 = Other Specified Place 9 = Unspecified Place
Injury Data	F2.1	Injury Description Details	NOTES_INJD	Ten lines for a description of patient's injury.
Injury Data	F2.2	Primary E-Code	<b>E_CODE</b>	The main, external cause of the injury, assigned on the basis of the most severe injury. For further information about use of these codes, refer to: <b>ICDM-9-CM coding manual, External Cause Codes Alphabetic Listing</b> <i>Example:</i> Enter E845.0 for Accident to Occupant of Spacecraft.
Injury Data	F2.2	Specify	CAUSE_INJ1	Specify a description of primary cause of injury (see <b>E_CODE</b> ).
Injury Data	F2.2	Secondary E-Code	<b>E_CODE_2</b>	An additional, external cause of injury, assigned to the less severe injury. For further information, refer to the ICD-9-CM on-line coding manual. <i>Example:</i> Enter E901.8 for Other accidental drowning/submersion.
Injury Data	F2.2	Specify	CAUSE_INJ2	Specify a description of secondary cause of injury (see <b>E_CODE_2</b> ).
Injury Data	F2.2	Activity Code	<b>E_ACT</b>	Describes what activity the patient was engaged in when the injury occurred. For Example: 017.0 roller coaster riding. Select from the drop down menu <b>E_ACT</b> .
Injury Data	F2.2	Specify	<b>E_ACT_S</b>	Specify a description of activity if Other is selected.
Injury Data	F2.2	External Cause Status	<b>E_ECS</b>	Describes the patient status at the time the injury occurred. (For Example: 0.2 Volunteer activity.) Select from the drop down menu <b>E_ECS</b> : 0 = Civilian activity done for income or pay 0.1 = Military activity 0.2 = Volunteer activity 0.8 = Other external cause status 0.9 = Unspecified external cause status
Injury Data	F2.2	Specify	<b>E_ECS_S</b>	Specify a description of External Cause of injury Status.
Injury Data	F2.2	Mechanism of Injury	<b>BLUNT_PENT</b>	The <b>force type</b> that caused the injury. (Not the external cause or E-code) If there was more than one force type, choose the one which caused the more severe

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		(rev. 12/17/009)		injury. Example 1: MVC could be the force which caused an open fracture (Mechanism would be penetrating due to fracture fragment penetrating the skin.) Example 2: Assault would be the force which caused a liver laceration, (Mechanism would be penetrating due to the instrument used in the assault) Note: Be sure to record the force of the injury, not the type of injury (e.g. a blunt trauma MVA could be the cause (force) of an open fracture (type of injury)). 1 = Blunt 2 = Penetrating 3 = Other (e.g. burns, near-drowning, asphyxiation, electrocution, foreign-body obstruction, etc.) <i>'U' Unknown – If information is not available.</i> <i>**Former screen text was Type of Injury (prior to 12/17/2009).</i> <i>The Collector Data Element Name used for queries and reports will remain BLUNT_PENT**</i>
Injury Data	F2.2	Cause of Injury (rev. 12/17/009)	MECH_INJ	Cause of Injury AC = Other Accident or Injury (Note: if AC is chosen, please specify the cause of injury in the provided field.)Example: Human Bite AN = Animal Caused Injury AS = Beating, Fight, or Assault without weapon BI = Bicycle (including Bicycle vs. Car, Pedicycle, Unicycle) See also Motor Vehicle BL = Blunt Instrument BU = Burn CH = Child Abuse (May include all other causes of injury) DR = Drowning or Near Drowning ES = Electrical Shock (Flash box) FA = Fall or Jump, (Sky-diving, Base-jumping) GS = Firearms (gunshot) KN = Sharp Instrument (knife) MC = Motorcycle (including Motorcycle vs. Car, electric bicycle) ME = Machinery or Equipment (Includes ski-lift, cable car, fork-lift) MV = Motor Vehicle (Includes all types of motorized transportation: motorized wheelchair, ATV's, snow mobile, scooter, Segway, golf cart, boat, go-cart, Ultra-light aircraft. <i>Excludes : motorcycles, motorized bicycles, jet ski</i> ) PV = Pedestrian vs. Vehicle (Includes Pedestrian vs. Bicycle) SP = Sports or Play Injury (Wrestling, Football, Hiking, Dog Agility, Diving, Swimming, Child's Play) ST = Strangulation or Suffocation or Asphyxiation <i>'U' Unknown – If information is not available.</i> <i>** Former screen text was Mechanism of Injury (prior to 12/17/2009)</i> <i>The Collector Data Element Name used for queries and reports will remain MECH_INJ**</i>
Injury Data	F2.2	If Other	MECH_INJ_O	Specific description of injury if AC was chosen as the cause of injury (see MECH_INJ).
Injury Data	F2.2	Work Related	WORK_RELAT	Work related injury as documented in the patient's medical record. (Employment based status.) 1 = yes 2 = no <i>'U' Unknown</i> <i>'/' Not Applicable</i>
Injury Data	F2.2	Use of Safety Equipment (rev. 12/17/2009)	PROT_DEV_1	The first (of two) most important device in use by this patient, including injury prevention devices used in sports, industry, non-motorized and motorized vehicles, or at home. Enter 00=None, if the appropriate cause is applicable but either the EMS or Hospital record explicitly states that the device was not used. e.g., the cause is a drowning or near-drowning and the patient was <i>not</i> wearing a personal flotation device. For this same example, enter 'Unknown' if the patient record doesn't indicate whether the patient was wearing a PFD.  00 = None 01 = Lap Belt

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				<b>02 = Shoulder Belt</b> <b>03 = Lap/Shoulder Belt Combined</b> <b>04 = Safety Belt, unspecified type</b> <b>05 = Airbag only</b> <b>06 = Airbag/Belt (Airbag with Lap/Shoulder Belt)</b> <b>07 = Helmet</b> <b>08 = Infant/Child Booster Seat</b> <b>09 = Other Protective Gear (Not Otherwise Listed)</b> <b>10 = Personal Flotation Device (PFD)</b> <b>11 = Gunlock or Lockbox</b> <b>‘U’ Unknown</b> <b>‘/’ Not Applicable</b>
Injury Data	F2.2	<b>Use of Safety equipment</b>	PROT_DEV_2	The second most important device as described in PROT_DEV_1.
Injury Data	F2.2	If Other	PROT_DEV_O	Description of the protective device if ‘Other’ (=9) was chosen for either protective device 1 or 2. (see PROT_DEV_1 & PROT_DEV_2)
Injury Data	F2.3	Injury Memo	NOTES_INJ	Ten lines for a description of patient’s injury.
Pre-H/Transfer	F3.1	<b>Transport Mode</b>	TRANSP_S	<b>How the patient was transported from the scene/field. Note that “transport” refers to the unit that provides the majority of the transportation between the scene and the receiving facility.</b> <b>1 = Ground Ambulance (Pre-Hospital Agency)</b> <b>2 = Helicopter (Pre-Hospital Agency)</b> <b>3 = Fixed Wing Aircraft (Pre-Hospital Agency)</b> <b>4 = Police (or other Law Enforcement, not a Pre-Hospital agency)</b> <b>5 = Private Vehicle (not a Pre-Hospital agency)</b> <b>6 = Other</b> <b>‘U’ Unknown</b> <b>‘/’ Not Applicable</b>
Pre-H/Transfer	F3.1	<b>Patient Care Report Available (EMS Run Sheet)</b>	RUN_FORM	<b>Is a pre-hospital care record or equivalent (e.g. Washington Emergency Medical Service Incident Report - WEMSIR) present in the patient’s chart at the time of abstracting?</b> <b>1 = Yes</b> <b>2 = No</b> <b>‘U’ Unknown</b> <b>‘/’ Not Applicable</b>
Pre-H/Transfer	F3.1	<b>Transport Agency ID #</b>	TRANSP_AG	<b>The ID number of the primary transport agency. Note: “Primary transport” refers to the unit which provides the majority of the medical care between the scene and the receiving facility.</b> <b>Example: A helicopter transports a patient from a wilderness scene to a landing site a few blocks from an urban trauma center. The patient is transported the last few blocks by ground ambulance. The helicopter is the primary transportation.</b> <b>‘U’ Unknown</b> <b>‘/’ Not Applicable</b>
Pre-H/Transfer	F3.1	<b>Unit #</b>	TRANSP_UN	<b>Identifies the number of the unit (vehicle) that transported the patient. This is a user-defined field assigned by the individual transporting agency.</b> <b>‘U’ Unknown</b> <b>‘/’ Not Applicable</b>
Pre-H/Transfer	F3.1	<b>Crew Member Level</b>	LEV_SERV	<b>The highest level of certification of personnel from the primary transporting agency on this run.</b> <b>1 = Advanced Life Support (ALS) -- Paramedic, RN, MD</b> <b>2 = Intermediate Life Support (ILS) – AEMT(Advanced EMT)</b> <b>3 = Basic Life Support (BLS) -- EMR (Emergency Medical Responder, First Responder), EMT</b> <b>‘U’ Unknown</b> <b>‘/’ Not Applicable</b>
Pre-H/Transfer	F3.1	<b>Patient Care Report (Run Number)</b>	RUN_NUM	<b>The run number from the primary Transport Agency pre-hospital patient care report (EMS Run Sheet).</b> <b>‘U’ Unknown</b>

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Section	Screen	Data Element Description	Collector Data Name	Definition
				/ Not Applicable
Pre-H/Transfer	F3.1	First EMS Agency#	FIRST_AG	The Agency Identification Number of the first licensed EMS agency (non - transporting) at the scene. The menu is user-defined. The format for the Agency ID Number is NNXNN: 2 numbers indicating the county, 1 alpha indicating the type of agency, and 2 numbers indicating the district. This number can be found on the prehospital patient care report. ‘U’ Unknown / Not Applicable
Pre-H/Transfer	F3.1	Crew Member Level	FIRST_LEV	The <i>highest level of certification of personnel</i> from the First EMS agency to reach the patient. 1 = Advanced Life Support (ALS) -- Paramedic, RN, MD 2 = Intermediate Life Support (ILS) – AEMT(Advanced EMT) 3 = Basic Life Support (BLS) -- EMR (Emergency Medical Responder, First Responder),EMT ‘U’ Unknown / Not Applicable
Pre-H/Transfer	F3.1	Patient Care Report (Run Number)	RUN_NUM_2	The pre-hospital patient care report number from the First EMS Agency to reach the patient. Enter ‘U’ if Unknown ‘U’ Unknown / Not Applicable
Pre-H/Transfer	F3.1	Patient Care Report (Run Number)	RUN_NUM_3	The pre-hospital patient care report number from a third EMS agency. Enter ‘U’ if Unknown ‘U’ Unknown / Not Applicable
Pre-H/Transfer	F3.1	Mass Casualty Incident Declared	MULTI_INC	Was a Mass Casualty Incident (MCI) declared by the prehospital EMS agency. Note: Specific criteria for MCI are determined within each local system. 1 = Yes 2 = No ‘U’ Unknown / Not Applicable
Pre-H/Transfer	F3.1	Extrication Required	EXTRIC	Was extrication required? 1 = Yes 2 = No ‘U’ Unknown / Not Applicable Note: This includes any type of extrication, such as a canyon, ditch, elevator shaft, bedroom, not just from vehicles. Do not enter / Not Applicable in this field.
Pre-H/Transfer	F3.1	Extrication Time Greater Than 20 minutes	EXTRIC_20	Was the time required for extrication greater than twenty minutes? 1 = Yes 2 = No ‘U’ Unknown / Not Applicable Enter Unknown if extrication was performed, but the length is not known.
Pre-H/Transfer	F3.1	Response Area Type	AREA	Enter the response area type from the patient care report (EMS Run Sheet), if it is reported. 1 = Urban 2 = Suburban 3 = Rural 4 = Wilderness Enter ‘U’ Unknown if no Response Area Type is reported / Not Applicable

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Pre-H/Transfer	F3.1	Reason For Destination	DEST_REASN	Reason for the Destination Decision?  <b>0 = Did not Transport</b> <b>1 = Nearest Hospital</b> <b>2 = Trauma Protocols (nearest designated facility within 30 minutes)</b> <b>3 = Medical Control direction</b> <b>4 = Patient or Family request</b> <b>5 = Patient’s Physician’s request</b> <b>6 = Divert from Another Hospital</b> <b>7 = Other</b> <b>‘U’ Unknown</b>
Pre-H/Transfer	F3.1	Unit En RouteDate	PREDATE_D	The date that the pre-hospital agency was dispatched to the incident.
Pre-H/Transfer	F3.1	Unit En Route Month	PREDATE_DM	Indicates the month of dispatch. Valid values range from 01 to 12.
Pre-H/Transfer	F3.1	Unit En Route Day	PREDATE_DD	Indicates the day of dispatch. Valid values range from 01 to 31.
Pre-H/Transfer	F3.1	Unit En Route Year	PREDATE_DY	Indicates the year of dispatch. Valid values range from 1980 to 2099.
Pre-H/Transfer	F3.1	Unit En Route Time	PRETIME_D	Indicates time that the pre-hospital agency was dispatched to the incident.
Pre-H/Transfer	F3.1	Unit En Route Hour	PRETIME_DH	Indicates the hour that the pre-hospital agency was dispatched to the incident. Valid values are from 0 to 23.
Pre-H/Transfer	F3.1	Unit En Route Minutes	PRETIME_DM	Indicates the minute that the pre-hospital agency was dispatched to the incident. Valid values are from 0 to 59.
Pre-H/Transfer	F3.1	Unit Arrived at Patient	PRETIME_R	Indicates the time the first EMS agency reached the patient.
Pre-H/Transfer	F3.1	Unit Arrived at Patient (1 <sup>st</sup> Responder)Hour	PRETIME_RH	Indicates the hour the first EMS agency reached the patient. Valid values are from 0 and 23.
Pre-H/Transfer	F3.1	Unit Arrived at Patient Minutes of 1 <sup>st</sup> Responder	PRETIME_RM	Indicates the minute of the first EMS agency reached the patient. Valid Values are from 0 and 59.
Pre-H/Transfer	F3.1	Unit Left Scene	PRETIME_L	Indicates the time that the patient was taken from the scene by EMS personnel, either en route to a facility or to a rendezvous point with another EMS vehicle. <b>NOTE: The times reported for ‘Unit Arrived at Patient’ (First Responder) and ‘Unit Left Scene’ may be from different agencies.</b>
Pre-H/Transfer	F3.1	Hour Unit Left Scene	PRETIME_LH	Indicates the hour that the patient was taken from the scene by EMS personnel, either en route to a facility or to a rendezvous point with another EMS vehicle. <b>NOTE: The times reported for ‘Unit Arrived at Patient (First Responder)’ and ‘Unit Left Scene’ may be from different agencies.</b> Valid values are from 0 and 23.
Pre-H/Transfer	F3.1	Minutes Unit Left Scene	PRETIME_LM	Indicates the minute the patient was taken from the scene by EMS personnel, either en route to a facility or to a rendezvous point with another EMS vehicle. <b>NOTE: The times reported for ‘Unit Arrived at Patient (First Responder)’ and ‘Unit Left Scene’ may be from different agencies.</b> Valid Values are from 0 and 59.
Pre-H/Transfer	F3.1	Scene Time	SCENE_TIME	A Collector calculated data element defined as the elapsed time (in minutes) from arrival at scene to departure from scene. <b>NOTE: It does not appear on the data entry screen; however it may be selected from the list of elements for use in a data table report or query.</b>
Pre-H/Transfer	F3.1	Incident County Code	COUNTY	The county in which the incident occurred.  <b>01 = Adams</b>

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				02 = Asotin 03 = Benton 04 = Chelan 05 = Clallam 06 = Clark 07 = Columbia 08 = Cowlitz 09 = Douglas 10 = Ferry 11 = Franklin 12 = Garfield 13 = Grant 14 = Grays Harbor 15 = Island 16 = Jefferson 17 = King 18 = Kitsap 19 = Kittitas 20 = Klickitat 21 = Lewis 22 = Lincoln 23 = Mason 24 = Okanogan 25 = Pacific 26 = Pend Oreille 27 = Pierce 28 = San Juan 29 = Skagit 30 = Skamania 31 = Snohomish 32 = Spokane 33 = Stevens 34 = Thurston 35 = Wahkiakum 36 = Walla Walla 37 = Whatcom 38 = Whitman 39 = Yakima 45 = Oregon 50 = Idaho 60 = Alaska 70 = Canada 80 = Other States 90 = Other Countries																				
Pre-H/Transfer	F3.2	GCS: Eye Opening	EYE_OPNG_S	Sub-score of the Glasgow Coma Score (GCS) indicating a patient’s earliest eye opening at the scene. It is added to two other sub-scores to obtain the GCS at the scene. See GCS at scene (GCS_S). <table border="1" style="margin-top: 10px;"> <thead> <tr> <th colspan="2">Adult Coma Scale</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>None or pharmacologically paralyzed</td> </tr> <tr> <td>2</td> <td>To Pain</td> </tr> <tr> <td>3</td> <td>To Voice</td> </tr> <tr> <td>4</td> <td>Spontaneous</td> </tr> <tr> <td>U</td> <td>Unknown</td> </tr> </tbody> </table> <table border="1" style="margin-top: 10px;"> <thead> <tr> <th colspan="2">Pediatric Coma Scale</th> </tr> <tr> <th>&lt; 1 year</th> <th>&gt; 1 Year</th> </tr> </thead> <tbody> <tr> <td>1= None or pharmacologically paralyzed</td> <td>1= None or pharmacologically paralyzed</td> </tr> <tr> <td>2= To Pain</td> <td>2= No Pain</td> </tr> </tbody> </table>	Adult Coma Scale		1	None or pharmacologically paralyzed	2	To Pain	3	To Voice	4	Spontaneous	U	Unknown	Pediatric Coma Scale		< 1 year	> 1 Year	1= None or pharmacologically paralyzed	1= None or pharmacologically paralyzed	2= To Pain	2= No Pain
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4= Spontaneously	4= Spontaneously									
Pre-H/Transfer	F3.2	Verbal Response	VER_RESP_S	<p>Sub-score of the Glasgow Coma Score (GCS) indicating patient <i>earliest</i> verbal response. It is added to two other sub-scores to obtain the GCS at the scene. See also GCS at scene (GCS_S).</p> <p><b>Adult</b></p> <p>1 = None, intubated, or pharmacologically paralyzed            2 = Incomprehensible Sounds            3 = Inappropriate Words            4 = Confused            5 = Oriented            U = Unknown</p> <p><b>Pediatric Verbal Response</b></p> <table border="1"> <tr> <td><b>&gt; 5 Years</b></td> <td><b>2 to 5 Years</b></td> <td><b>0 to 23 Months</b></td> </tr> <tr> <td>5= Oriented and converses 4= Disoriented and converses 3= Inappropriate words 2= Incomprehensible sounds 1= None, intubated, or pharmacologically paralyzed</td> <td>5= Appropriate words / phrases 4= Inappropriate words 3= Persistent crying and screaming 2= Grunts 1= None, intubated, or pharmacologically paralyzed</td> <td>5= Smiles, coos appropriately 4= Cries, consolable 3= Persistent inappropriate crying and screaming 2= Grunts, agitated, restless 1= None, intubated, or pharmacologically paralyzed</td> </tr> </table>	<b>&gt; 5 Years</b>	<b>2 to 5 Years</b>	<b>0 to 23 Months</b>	5= Oriented and converses 4= Disoriented and converses 3= Inappropriate words 2= Incomprehensible sounds 1= None, intubated, or pharmacologically paralyzed	5= Appropriate words / phrases 4= Inappropriate words 3= Persistent crying and screaming 2= Grunts 1= None, intubated, or pharmacologically paralyzed	5= Smiles, coos appropriately 4= Cries, consolable 3= Persistent inappropriate crying and screaming 2= Grunts, agitated, restless 1= None, intubated, or pharmacologically paralyzed
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Pre-H/Transfer	F3.2	Motor Response	MOT_RESP_S	<p>Sub-score of the Glasgow Coma Score (GCS) indicating the patient's <i>earliest</i> motor response at the scene. It is added to two other sub-scores to obtain the GCS at the scene. See GCS at scene (GCS_S).</p> <p><b>Adult Motor Response</b></p> <p>1 = None, or pharmacologically paralyzed            2 = Abnormal extension            3 = Abnormal flexion            4 = Withdraws to pain            5 = Localizes pain            6 = Obeys commands            U = Unknown</p> <p><b>Pediatric Motor Response</b></p> <table border="1"> <tr> <td><b>&gt; 1 Year</b></td> <td><b>&lt; 1 Year</b></td> </tr> <tr> <td>6= Obeys 5= Localizes pain 4= Flexion-withdrawal 3= Flexion-abnormal (decorticate rigidity) 2= Extension (decerebrate rigidity) 1= None, or pharmacologically paralyzed</td> <td>6= Spontaneous 5= Localizes pain 4= Flexion-withdrawal 3= Flexion-abnormal (decorticate rigidity) 2= Extension (decerebrate) 1= None, or pharmacologically paralyzed</td> </tr> </table>	<b>&gt; 1 Year</b>	<b>&lt; 1 Year</b>	6= Obeys 5= Localizes pain 4= Flexion-withdrawal 3= Flexion-abnormal (decorticate rigidity) 2= Extension (decerebrate rigidity) 1= None, or pharmacologically paralyzed	6= Spontaneous 5= Localizes pain 4= Flexion-withdrawal 3= Flexion-abnormal (decorticate rigidity) 2= Extension (decerebrate) 1= None, or pharmacologically paralyzed		
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Pre-H/Transfer	F3.2	GCS Total	GCS_S	<p>Glasgow Coma Score at the scene (GCS) is an index that assesses the degree of coma in patients. The <i>pre-hospital</i> GCS is calculated by adding the sub-scores of three behavioral responses at the scene: <i>earliest</i> eye opening (see EYE_OPNG_S), <i>earliest</i> verbal response (see VER_RESP_S), and <i>earliest</i> motor response (see MOT_RESP_S). If any of the sub-scores are unavailable but the total GCS is known, the abstractor may enter it here. Enter ‘U’ Unknown for unknown.</p>						

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				If documentation in the record closely describes a related level of functioning, the appropriate sub-score may be assigned, IF there is no contradicting documentation. For example, the record says “AAOX3”, “awake, alert, oriented”, or “normal mental status”, then the abstractor may record this as GCS of 15 IF there is no other contradicting documentation. The record indicates “withdraws from pain”, then the abstractor can assign 4 to the motor component. Total GCS values range from 3 to 15. Values range from 3 to 15.
Pre-H/Transfer	F3.2	Was Patient Intubated at the time of GCS	INTUBAT_S	Indicates whether the patient was intubated at the time of Glasgow Coma Score evaluation at the scene. If there is no indication that the GCS score was evaluated, enter ‘U’ Unknown. ‘/’ Not Applicable, is not a valid value for this data element.  1 = Yes 2 = No
Pre-H/Transfer	F3.2	Was the Patient pharmacologically paralyzed at the time of GCS	PARALYZ_S	Indicates whether the patient was pharmacologically paralyzed at the time of Glasgow Coma Score evaluation at the scene. If there is no GCS evaluation, enter ‘U’ Unknown. ‘/’ Not Applicable is not a valid value for this data element.  1 = Yes 2 = No
Pre-H/Transfer	F3.2	Prehospital Vital Signs: Time	VIT_TIM	The time that the <i>earliest</i> vital signs were taken by pre-hospital personnel. See the definitions of each individual vital sign (SYS_BP_S, RESP_RAT_S, PULSE_S) for a complete description of which measurements should be recorded for the pre-hospital vital signs.
Pre-H/Transfer	F3.2	Prehospital Vital Signs Hour	VIT_TIM_H	The hour that the earliest systolic blood pressure was taken by pre-hospital personnel. Valid values are from 00 to 23.
Pre-H/Transfer	F3.2	Prehospital Vital Signs Minutes	VIT_TIM_M	The minutes the earliest systolic blood pressure was taken by pre-hospital personnel. Valid values are 00 to 59.
Pre-H/Transfer	F3.2	Vitals From First Agency	FIRST_VIT	Did the earliest vital signs come from the first agency on scene?  1 = Yes 2 = No ‘U’ = Unknown
Pre-H/Transfer	F3.2	Posture	POSTURE	Patient’s position during pre-hospital vital sign assessment. If position is not specified in the patient care report, please enter unknown.  1 = Lying 2 = Sitting 3 = Upright ‘U’ = Unknown
Pre-H/Transfer	F3.2	First Pulse Rate	PULSE_S	Earliest pulse rate during prehospital care (at the scene or during transport), in beats per minute.
Pre-H/Transfer	F3.2	First Respiratory Rate	RESP_RAT_S	The number of earliest <i>unassisted</i> respirations during prehospital care (at the scene or during transport) per minute. (Do NOT use the bagged or controlled ventilator rate). Enter ‘U’ Unknown If the patient’s <i>unassisted</i> respiratory rate was not recorded. Enter 0 (Zero) if the patient had no unassisted respirations.
Pre-H/Transfer	F3.2	First Systolic Blood Pressure	SYS_BP_S	Earliest systolic blood pressure during prehospital care (at the scene or during transport), in mm of Hg. If no SBP was recorded, enter ‘U’ Unknown If SBP was measured, and patient had no measurable SBP, enter 0 (Zero).
Pre-H/Transfer	F3.2	Field Interventions	INTERV_S1	Field Intervention # 1 of 8 maximum allowed.  00 = None 01 = O2 (Oxygen)

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				<p>02 = Wound Care            03 = Extrication/Rescue            04 = Splinting            05 = Cervical Collar, Backboard            07 = ECG Monitor            08 = Oral Airway/Bag Mask            10 = CPR            11 = Shock Trouser            12 = Automatic DC Shock            13 = Manual DC Shock            14 = Endotracheal Intubation            17 = IV, Central Line            18 = IV, Peripheral            19 = IV, Intraosseous            20 = Needle Thoracostomy            21 = Pericardiocentesis            22 = Cricothyrotomy            23 = Other            24 = Multilumen Airway            25 = Baseline Blood            26 = Blood Transfusion</p> <p><b>Drug Therapy</b>            (Included are examples of drugs by category. The category is not limited to the drugs listed.)            51 = Antihistamine: Diphenhydramine            52 = Anticholinergic - Antimuscarinic/Antispasmodic: Atropine            53 = Sympathomimetic (Adrenergic): Albuterol            54 = Skeletal Muscle Relaxants: Succinylcholine            55 = Coagulants and Anticoagulants: Heparin            56 = Cardiac Drugs            57 = Vasodilating Agents            58 = Nonsteroidal: Aspirin            59 = Opiate Agonists: Meperidine, Morphine, Fentanyl, Dilaudid            60 = Opiate Antagonists: Naloxone            61 = Misc: Acetaminophen            62 = Benzodiazepines: Diazepam            63 = Misc: Magnesium Sulfate            64 = Benzodiazepines: Lorazepam            65 = Alkalinizing Agents: Sodium Bicarbonate            66 = Replacement: Calcium (Chloride/Gluconate)            67 = Caloric Agents: Dextrose &amp; Water            68 = Diuretics, Furosemide, Hydrochlorothiazide            69 = Antacids &amp; Adsorbents: Activated Charcoal            70 = Emetics: Ipecac            71 = Misc GI: Metoclopramide            72 = Adrenals: Dexamethasone, Methylprednisolone            73 = Antidiabetic - Misc: Glucagon            74 = Other Medications</p>
Pre-H/Transfer	F3.2	Field Intervention 2	INTERV_S2	Field Intervention # 2 of 8 maximum allowed. See field intervention 1 (INTERV_S1) for defined values.
Pre-H/Transfer	F3.2	Field Intervention 3	INTERV_S3	Field Intervention # 3 of 8 maximum allowed. See field intervention 1 (INTERV_S1) for defined values.
Pre-H/Transfer	F3.2	Field Intervention 4	INTERV_S4	Field Intervention # 4 of 8 maximum allowed. See field intervention 1 (INTERV_S1) for defined values.

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Pre-H/Transfer	F3.2	Field Intervention 7	INTERV_S7	Field Intervention # 7 of 8 maximum allowed. See field intervention 1 (INTERV_S1) for defined values.																								
Pre-H/Transfer	F3.2	Field Intervention 8	INTERV_S8	Field Intervention # 8 of 8 maximum allowed. See field intervention 1 (INTERV_S1) for defined values.																								
Pre-H/Transfer	F4.2	Pediatric Trauma Score (PTS)	PTS_S	The Pediatric (age 0-14) Trauma Score at the scene of the accident. See PTS_A for a complete definition.																								
Pre-H/Transfer		Revised Trauma Score (RTS)	RTS_S	<p>The Revised Trauma Score (RTS) is a physiologic severity score widely used in pre-hospital triage and based on measurements of vital signs [systolic blood pressure (SBP), respiratory rate (RR) and a measurement of consciousness [(Glasgow Coma Scale (GCS))]. The RTS provides a more accurate estimation of injury severity for patients with serious head injuries, and supplies more reliable predictions of outcome than its predecessor -- the Trauma Score.</p> <p>The RTS at the scene (RTS<sub>scene</sub>) is computed by adding the coded values of GCS, SBP, and RR at the scene as follows:</p> $RTS_{scene} = GCS_{coded\ value} + SBP_{coded\ value} + RR_{coded\ value}$ <table border="1"> <thead> <tr> <th>GCS<sub>scene</sub></th> <th>SBP<sub>scene</sub></th> <th>RR<sub>scene</sub></th> <th>Coded Value</th> </tr> </thead> <tbody> <tr> <td>13 – 15</td> <td>&gt;89</td> <td>10 - 29</td> <td>4</td> </tr> <tr> <td>9 – 12</td> <td>76 - 89</td> <td>&gt;29</td> <td>3</td> </tr> <tr> <td>6 - 8</td> <td>50 - 75</td> <td>6 - 9</td> <td>2</td> </tr> <tr> <td>4 - 5</td> <td>1 - 49</td> <td>1 - 5</td> <td>1</td> </tr> <tr> <td>3</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>NOTE: The RTS at the scene does not use weighted values as does the RTS in the ED since it is easier to sum the coded values at the scene. RTS values at the scene range from 12 (best) to 0 (worst). See also GCS_S, SYS_BP_S, and RESP_RAT_S.</p>	GCS <sub>scene</sub>	SBP <sub>scene</sub>	RR <sub>scene</sub>	Coded Value	13 – 15	>89	10 - 29	4	9 – 12	76 - 89	>29	3	6 - 8	50 - 75	6 - 9	2	4 - 5	1 - 49	1 - 5	1	3	0	0	0
GCS <sub>scene</sub>	SBP <sub>scene</sub>	RR <sub>scene</sub>	Coded Value																									
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9 – 12	76 - 89	>29	3																									
6 - 8	50 - 75	6 - 9	2																									
4 - 5	1 - 49	1 - 5	1																									
3	0	0	0																									
Pre-H/Transfer	F3.3	Transferred in	REF_HOSP	<p>Indicates whether the patient was transferred in from another hospital (known as the referring or sending hospital). A ‘referral’ is a patient sent to your hospital from another licensed acute care facility or a designated trauma service. A patient sent to your hospital from a doctor’s office, clinic, nursing home, ambulatory surgery center, etc. that is <i>not</i> a designated trauma service is considered a transport directly from the field -- <i>not</i> a referral or a transfer in.</p> <p>1 = Yes 2 = No</p> <p>Note: Do not use ‘U’ Unknown or (/)Not Applicable in this field. Note: A patient is “transferred” from another hospital if sent by ambulance. A patient sent by private vehicle or other means is not a “transfer” for the purposes of the Trauma Registry.</p>																								
Pre-H/Transfer	F3.3	Transport Mode	TRANSP_R	<p>Indicates how the patient was transported from the referring or sending facility, if applicable. Note that “transport” refers to the unit that provides most of the transportation between the scene and the receiving facility.</p> <p>1 = Ground Ambulance (Pre-Hospital Agency) 2 = Helicopter (Pre-Hospital Agency) 3 = Fixed Wing Aircraft (Pre-Hospital Agency) 4 = Police (or other Law Enforcement, not a Pre-Hospital agency)</p>																								

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Section	Screen	Data Element Description	Collector Data Name	Definition
				5 = Private Vehicle (not a Pre-Hospital agency) 6 = Other 'U' Unknown '/' Not Applicable
Pre-H/Transfer	F3.3	Crew Member Level	LEV_R	The <i>highest level of certification of personnel</i> from the primary transporting agency on this run. 1 = Advanced Life Support (ALS) -- Paramedic, RN, MD 2 = Intermediate Life Support (ILS) – AEMT(Advanced EMT) 3 = Basic Life Support (BLS) -- EMR (Emergency Medical Responder, First Responder),EMT 'U' Unknown '/' Not applicable
Pre-H/Transfer	F3.3	Transporting Agency ID Number	RTRANSP_AG	Agency (Identification Number of Primary Transporting Agency that transported the patient from the referring hospital to another hospital, if applicable. 'Primary Transport' refers to the unit that provides <i>most</i> of the medical care between the sending facility and the receiving facility. <i>Example: A helicopter transports a patient from a rural hospital to a landing site a few blocks from an urban trauma center. The patient is transported the last few blocks by ground ambulance. The air ambulance (helicopter) is the primary transportation.</i> 'U' Unknown '/' Not applicable
Pre-H/Transfer	F3.3	Unit Number	RTRANSP_UN	The ID number of the transport <i>vehicle /aircraft</i> that transported the patient from the sending hospital to the receiving hospital, This is a user-defined field, the unit numbers are assigned by the prehospital transporting agency. 'U' Unknown '/' Not applicable
Pre-H/Transfer	F3.3	Patient Care Report Available (EMS Run Sheet)	RRUN_FORM	Is a Washington Emergency Medical Service Incident Report (WEMSIR) , run sheet, run record or equivalent pre-hospital patient record of the inter-hospital <i>transfer</i> present in the patient's chart at the time of abstracting? 1 = Yes 2 = No 'U' Unknown '/' Not applicable
Pre-H/Transfer	F3.3	Patient Care Report Number	RRUN_NUM	Indicates the inter-hospital transport run number from the Patient Care Report or other pre-hospital patient record. 'U' Unknown '/' Not applicable
Pre-H/Transfer	F3.3	Unit Notified by Dispatch Date	REFDATE_D	The date that the Agency performing the Interfacility Transport was dispatched.
Pre-H/Transfer	F3.3	Unit Notified by Dispatch Month	REFDATE_DM	Indicates the month of dispatch. Valid values range from 01 to 12.
Pre-H/Transfer	F3.3	Unit Notified by Dispatch Day	REFDATE_DD	Indicates the day of dispatch. Valid values range from 01 to 31.
Pre-H/Transfer	F3.3	Unit Notified by Dispatch Year	REFDATE_DY	Indicates the year of dispatch. Valid values range from 1980 to 2099.
Pre-H/Transfer	F3.3	Unit En Route Time	REFTIME_D	The time that the Agency performing the Interfacility Transport was notified of the transport.
Pre-H/Transfer	F3.3	Unit En Route Hour	REFTIME_DH	Indicates the hour of dispatch. Valid values are from 0 to 23.
Pre-H/Transfer	F3.3	Unit En Route Minutes	REFTIME_DM	Indicates the minutes of dispatch. Valid values are 0 to 59.
Pre-H/Transfer	F3.3	Unit Arrived at Patient	REFTIME_R	Indicates the time that the unit performing the Interfacility Transport arrives at the referring facility.

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Pre-H/Transfer	F3.3	Unit Arrived at Patient Hour	REFTIME_RH	Indicates the hour of arrival at the referring facility. Valid values are from 0 to 23.
Pre-H/Transfer	F3.3	Unit Arrived at Patient Minutes	REFTIME_RM	Indicates the minutes of arrival at the sending (referring) facility. Valid values are from 0 to 59.
Pre-H/Transfer	F3.3	Unit left Scene Time	REFTIME_L	Indicates the time that the unit performing the Interfacility Transport leaves the sending (referring) facility.
Pre-H/Transfer	F3.3	Unit left Scene Hour	REFTIME_LH	Indicates the hour of departure from the sending (referring) facility. Valid values are from 0 to 23.
Pre-H/Transfer	F3.3	Unit left Scene Minutes	REFTIME_LM	Indicates the minutes of departure from the sending (referring) facility. Valid values are from 0 to 59.
Pre-H/Transfer	F3.3	Facility Patient Transferred From	REF_ID	<p>ID number of the sending (referring) hospital if REF_HOSP = yes. A menu will appear with Washington Hospitals listed in alphabetical order. Selecting Oregon, Idaho, Montana, Alaska, or British Columbia will display <i>user-defined</i> menus of hospitals in those states, if defined.</p> <p>146 = Allenmore Hospital (Tacoma)  183 = Auburn Regional Medical Center (Auburn)  197 = Capital Medical Center (Olympia)  158 = Cascade Medical Center (Leavenworth)  106 = Cascade Valley Hospital (Arlington)  168 = Central Washington Hospital (Wenatchee)  045 = Columbia Basin Hospital (Ephrata)  150 = Coulee Medical Center (Grand Coulee)  965 = Darrington Clinic (Darrington)  141 = Dayton General Hospital (Dayton)  037 = Deaconess Medical Center (Spokane)  042 = Deer Park Hospital (Spokane)  111 = East Adams Rural Hospital (Ritzville)  507 = Eastern State Hospital (Spokane)  035 = Enumclaw Regional Medical Center (Enumclaw)  164 = Evergreen Hospital Medical Center (Kirkland)  707 = Fairchild Air Force Base Hospital (Fairchild AFB)  167 = Ferry County Memorial Hospital (Republic)  148 = Fifth Avenue Medical Center (Seattle)  054 = Forks Community Hospital (Forks)  082 = Garfield County Memorial Hospital Pomeroy  081 = Good Samaritan Hospital (Multicare) (Puyallup)  063 = Grays Harbor Community Hospital (Aberdeen)  020 = Group Health Central Hospital (Seattle)  169 = Group Health Eastside Hospital (Redmond)  029 = Harborview Medical Center (Seattle)  142 = Harrison Memorial Hospital (Medical Center) (Bremerton)  126 = Highline Medical Center (Burien)  139 = Providence Holy Family Hospital (Spokane)  200 = Hospice Care Center Hospital (Longview)  961 = Inter-Island Medical Center (Friday Harbor)  163 = Island Hospital (Anacortes)  085 = Jefferson Healthcare (Port Townsend)  161 = Kadlec Regional Medical Center (Richland)  039 = Kennewick General Hospital (Kennewick)  966 = Kittitas County Hospital District #2 (Cle Elum)  140 = Kittitas Valley Community Hospital (Ellensburg)  008 = Klickitat Valley Health (Goldendale)  951 = Kootenai Medical Center  165 = Lake Chelan Community Hospital (Chelan)</p>

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Section	Screen	Data Element Description	Collector Data Name	Definition
				137 = Lincoln Hospital (Davenport) 022 = Lourdes Medical Center (Pasco) 720 = Madigan Army Medical Center (Tacoma) 186 = Mark Reed Hospital (McCleary) 175 = Mary Bridge Children’s Hospital and Health Center (Tacoma) 152 = Mason General Hospital (Shelton) 147 = Mid-Valley Hospital (Omak) 173 = Morton General Hospital (Morton) 030 = Providence Mount Carmel Hospital (Colville) 701 = Naval Air Station (US) (Whidbey Island) 704 = Naval Regional Med. Center (Bremerton) 021 = Newport Hospital & Health Services (Newport) 107 = North Valley Hospital (Tonasket) 130 = Northwest Hospital (Seattle) 079 = Ocean Beach Hospital (Ilwaco) 080 = Odessa Memorial Healthcare Center (Odessa) 023 = Okanogan-Douglas (District) Hospital (Brewster) 038 = Olympic Medical Center (Port Angeles) 125 = Othello Community Hospital (Othello) 131 = Overlake Hospital Medical Center (Bellevue) 046 = Prosser Memorial Hospital (Prosser) 191 = Providence Centralia Hospital (Centralia) 027 = Providence Regional Medical Center Everett (Everett) 159 = Providence St. Peter Hospital (Olympia) 003 = Providence Medical Center (Seattle) 083 = Puget Sound Hospital (Tacoma) 172 = Pullman Regional Hospital (Pullman) 129 = Quincy Valley Medical Center (Quincy) 162 = Providence Sacred Heart Medical Center & Children’s Hospital (Spokane) 078 = Samaritan Healthcare (Hospital) (Moses Lake) 014 = Seattle Children’s Hospital (Seattle) 043 = Shriners Hospital for Children (Spokane) 073 = Skagit Valley Hospital (Mt. Vernon) 096 = Skyline Hospital (White Salmon) 170 = Southwest Washington Medical Center (Vancouver) 209 = St. Anthony Hospital (Gig Harbor) 132 = St. Clare Hospital (Lakewood) 201 = St. Francis Community Hospital (Federal Way) 026 = St. John Medical Center (PeaceHealth) (Longview) 145 = St. Joseph Hospital (PeaceHealth) (Bellingham) 194 = Providence St. Joseph’s Hospital (Chewelah) 032 = St. Joseph Medical Center (Tacoma) 050 = Providence St. Mary Medical Center (Walla Walla) 138 = Swedish/Edmonds (Stevens Healthcare) (Edmonds) 198 = Sunnyside Community Hospital (Sunnyside) 001 = Swedish Medical Center -- Ballard (Seattle) 001 = Swedish Medical Center -- Seattle (Seattle) 176 = Tacoma General Hospital (Tacoma) 199 = Toppenish Community Hospital (Toppenish) 108 = Tri-State Memorial Hospital (Clarkston) 967 = United General Hospital (Sedro-Woolley) 128 = University of Washington Medical Center (Seattle) 104 = Valley General Hospital (Monroe) 180 = Valley Hospital & Medical Center (Spokane Valley) 155 = Valley Medical Center (Renton) 710 = Veterans Administration Hospital (Seattle) 705 = Veterans Administration Hospital -- American (Tacoma) 715 = Veterans Administration Hospital (Spokane) 010 = Virginia Mason Hospital (Seattle) 044 = Walla Walla General Hospital (Walla Walla)

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				<p>506 = Western State Hospital (Tacoma)            205 = Wenatchee Valley Medical Center (Wenatchee)            156 = Whidbey General Hospital (Coupeville)            153 = Whitman Hospital &amp; Medical Center (Colfax)            056 = Willapa Harbor Hospital (South Bend)            102 = Yakima Regional Medical &amp; Cardiac Center (Yakima)            058 = Yakima Valley Memorial Hospital (Yakima)</p> <p>California            084 = General Hospital Medical Center (Eureka)</p> <p>Oregon            916 = Legacy Emanuel Hospital (Portland)            915 = Good Shepherd Hospital (Hermiston)            911 = Grande Ronde Hospital (La Grande)            917 = Oregon Health &amp; Sciences University Hospital (Portland)            914 = Pioneer Memorial Hospital (Prinville)            912 = St. Anthony Hospital (Pendleton)            700 = Veterans Administration Hospital -- Vancouver (Portland)            913 = Wallowa Memorial Hospital (Enterprise)            910 = Other Oregon Hospitals</p> <p>Idaho            950 = St. Joseph Regional Medical Center s(Lewiston)            952 = Gritman Medical Center (Moscow)            940 = Idaho Hospitals (NOS)</p> <p>Montana            945 = Other Montana Hospitals</p> <p>Alaska            930 = Other Alaska Hospitals</p> <p>British Columbia            920 = Other British Columbia Hospitals</p> <p>960 = All Other Hospitals            970 = Doctor’s Office, Nursing Home or Other Care Facility            997 = Field (Scene, Residence)            998 = Rendezvous</p> <p>Note: If “960 = All Other Hospital” is chosen, enter name of referring hospital below.            Note: Do not use 970, 997, or 998 in this field. A transfer is from a <u>licensed</u> hospital (or <u>designated Level V Trauma Service</u>). A patient transported from a doctor’s office or rendezvous is not considered a transfer</p>
Pre-H/Transfer	F3.3	If Other	REF_OTHER	Enter the name of the hospital if “960 = All Other Hospitals’ was chosen for the sending (referring) hospital ID (see <a href="#">REF_ID</a> ).
Pre-H/Transfer	F3.3	Reason for Referral	REF_REASON 12/17/2009	Reason patient was sent from sending hospital to receiving hospital 100 Specialty Physician not available 101 Ward Bed not available 102 Critical Care Bed not available 103 Hospital Staff not available 104 OR not available 105 Trauma Protocols 106 Patient or Family request 107 Physician Request 108 Equipment or Supply not available (e.g., Instruments, CT, blood, etc) 109 ED Over-capacity

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Section	Screen	Data Element Description	Collector Data Name	Definition
				<b>110 Insurance Status</b> <b>111 Other</b>  <b>User-defined Choices</b> <b>X , Reason (example) (Enter your reasons and number them 0-99)</b> <b>‘U’ Unknown</b> <b>‘/’ Not applicable</b>
Pre-H/Transfer	F3.3	If Other	REF_REAS_O	Enter text description if “111=Other” was chosen as the reason for referral.
Pre-H/Transfer	F3.3	Arrive Referring Hospital	REF_AR_D	Date of patient’s arrival at the sending hospital..
Pre-H/Transfer	F3.3	Month of Arrival at Referring Hospital	REF_AR_D_M	Month of patient’s arrival at the sending hospital Valid values range from 1 to 12.
Pre-H/Transfer	F3.3	Day of Arrival at Referring Hospital	REF_AR_D_D	Day of patient’s arrival at the sending hospital. Valid values range from 1 to 31.
Pre-H/Transfer	F3.3	Year of Arrival at Referring Hospital	REF_AR_D_Y	Year of patient’s arrival at the sending hospital. Valid values range from 1980 to 2099.
Pre-H/Transfer	F3.3	Time of Arrival at Referring Hospital	REF_AR_T	Time of patient’s arrival at the sending hospital.
Pre-H/Transfer	F3.3	Hour of Arrival at Referring Hospital	REF_AR_T_H	Hour of patient’s arrival at the sending hospital .Valid values range from 0 to 23.
Pre-H/Transfer	F3.3	Minutes of Arrival at Referring Hospital	REF_AR_T_M	Minute of patient’s arrival at the sending hospital .Valid values range from 0 to 59.
Pre-H/Transfer	F3.3	Depart Referring Hospital	REF_DP_D	Date of patient’s departure from the sending hospital.
Pre-H/Transfer	F3.3	Month of Departure from Referring Hospital	REF_DP_D_M	Month of patient’s departure from the sending hospital .Valid values range from 1 to 12.
Pre-H/Transfer	F3.3	Day of Departure from Referring Hospital	REF_DP_D_D	Day of patient’s departure from the sending hospital. Valid values range from 1 to 31.
Pre-H/Transfer	F3.3	Year of Departure from Referring Hospital	REF_DP_D_Y	Year of patient’s departure from the sending hospital. Valid values range from 1980 to 2099.
Pre-H/Transfer	F3.3	Time of Departure from Referring Hospital	REF_DP_T	Time of patient’s departure from the sending hospital.
Pre-H/Transfer	F3.3	Hour of Departure	REF_DP_T_H	Hour of patient’s departure from the sending hospital .Valid values range from 0 to 23.

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Section	Screen	Data Element Description	Collector Data Name	Definition
		from Referring Hospital		
Pre-H/Transfer	F3.3	Minutes of Departure from Referring Hospital	REF_DP_T_M	Minute of patient’s departure from the sending hospital .Valid values range from 0 to 59.
Pre-H/Transfer	F3.3	Decision to Transfer Made By	REF_X_BY	The decision to transfer the patient from the referring hospital was made by: 1= ED Physician 2= ED Mid Level Provider 3= General Surgeon 4= Neurosurgeon 5= Orthopedic Surgeon 6= Pediatric Surgeon 7= Pediatrician 8= Other  ‘U’ Unknown ‘/’= Not Applicable
Pre-H/Transfer	F3.3	Decision to Transfer Made By- If Other	REF_X_BY_O	If the decision to transfer the patient is Other (8), enter a text description in the data field.
Pre-H/Transfer	F3.3	Referring Facility Interventions	RPROC_01	1 <sup>st</sup> of 10 possible Referring Facility Interventions. Select from the <a href="#">Primary Procedure List</a> first, then select from the <a href="#">Secondary Procedure List</a> .  <b>PRIMARY PROCEDURE LIST</b> 00 = None 03 = Angiography, Arteriogram, or Aortogram 01 = Airway, Endotracheal Intubation 211 = Benzodiazepines (valium, ativan, versed, etc.) 09 = Blood Product Transfusion 10 = CPR 49 = CT Abdomen 50 = CT Cervical Spine 51 = CT Chest 13 = CT Head 33 = Diagnostic Peritoneal Lavage (DPL) 217 = Diuretics (lasix, mannitol, etc.) 57 = Echocardiogram 21 = Fluid Resuscitation 203 = Neuromuscular Blocking Agents (succinylcholine, vecuronium, etc.) 208 = Opiates (meperidine, morphine, etc.) 221 = Steroids (dexamethasone, methylprednisolone, etc.) 40 = Thoracostomy, Chest Tube 30 = Thoracotomy (Open Chest) 42 = Tracheostomy or Cricothyroidotomy 69 = Ultrasound 43 = Warming Methods  <b>SECONDARY PROCEDURE LIST</b> 210 = Acetaminophen 224 = Antibiotics 04 = Arterial Blood Gases 05 = Arterial Line 06 = Autotransfusion 02 = Bag/Valve/Mask Ventilation 07 = Baseline Blood 209 = Benzodiazepine Antagonist or Opiate Antagonist

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				47 = Bronchoscopy 48 = Capnography or End Tidal CO2 205 = Cardiovascular Drugs (epinephrine, lidocaine, etc.) 11 = Cervical Collar/Backboard 12 = Closed Reduction(s) 52 = CT Facial 53 = CT Lumbar-Sacral Spine 54 = CT Pelvis 55 = CT Thoracic Spine 56 = CT Other 15 = Cutdown 16 = Cystogram 17 = Defibrillation 18 = Doppler Study 19 = ECG Monitor 20 = Fetal Heart Rate Monitor 58 = Fetal Heart Tone Auscultation 22 = Foley Catheter 220 = GI Drugs (droperidol, metoclopramide, etc.) 59 = HCG, Urine or Serum 60 = Hyperventilation 225 = Immunizations, Vaccinations 23 = Intracranial Pressure Monitor 24 = IV, Central Line 25 = IV, Intraosseous 226 = IV, Isotonic Crystalloids (NS, LR, etc.) 26 = IV, Peripheral 27 = K-wire or Steinman Pin Insertion 61 = MRI Abdomen 62 = MRI Brain 28 = MRI Cervical Spine 63 = MRI Chest 64 = MRI Lumbar or Sacral Spine 65 = MRI Other 66 = MRI Pelvis 67 = MRI Thoracic Spine 29 = Naso- or Oro-gastric Tube 207 = Nonsteroidal Anti-inflammatory Drugs (aspirin, ibuprofen, ketorolac, etc.) 46 = Other 31 = Oxygen 32 = Pericardiocentesis 68 = Pulse Oximetry 08 = Repeat H&H 34 = Shock Trouser 35 = Skeletal Traction 36 = Splinting 37 = Suture or Staple Laceration 38 = Temperature Monitor 39 = Thoracostomy, Needle 41 = Tongs or Halo 44 = Wound Care 45 = X-ray  100 – 199 = User-defined Interventions/Procedures
Pre-H/Transfer	F3.3	Referring Facility Interventions 2	RPROC_02	2 <sup>nd</sup> of 10 possible Referring Facility Interventions. See 1 <sup>st</sup> referring facility intervention for possible values.
Pre-H/Transfer	F3.3	Referring	RPROC_03	3 <sup>rd</sup> of 10 possible Referring Facility Interventions. See 1 <sup>st</sup> referring facility intervention for

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		Facility Interventions 3		possible values.
Pre-H/Transfer	F3.3	Referring Facility Interventions 4	RPROC_04	4 <sup>th</sup> of 10 possible Referring Facility Interventions. See 1 <sup>st</sup> referring facility intervention for possible values.
Pre-H/Transfer	F3.3	Referring Facility Interventions 5	RPROC_05	5 <sup>th</sup> of 10 possible Referring Facility Interventions. See 1 <sup>st</sup> referring facility intervention for possible values.
Pre-H/Transfer	F3.3	Referring Facility Interventions 6	RPROC_06	6 <sup>th</sup> of 10 possible Referring Facility Interventions. See 1 <sup>st</sup> referring facility intervention for possible values.
Pre-H/Transfer	F3.3	Referring Facility Interventions 7	RPROC_07	7 <sup>th</sup> of 10 possible Referring Facility Interventions. See 1 <sup>st</sup> referring facility intervention for possible values.
Pre-H/Transfer	F3.3	Referring Facility Interventions 8	RPROC_08	8 <sup>th</sup> of 10 possible Referring Facility Interventions. See 1 <sup>st</sup> referring facility intervention for possible values.
Pre-H/Transfer	F3.3	Referring Facility Interventions 9	RPROC_09	9 <sup>th</sup> of 10 possible Referring Facility Interventions. See 1 <sup>st</sup> referring facility intervention for possible values.
Pre-H/Transfer	F3.3	Referring Facility Interventions 10	RPROC_10	10 <sup>th</sup> of 10 possible Referring Facility Interventions. See 1 <sup>st</sup> referring facility intervention for possible values.
Pre-H/Transfer	F3.4	Pre-Hospital Memo	NOTES_PRE	Ten lines designated for a description of pre-hospital information.
<b>ED Data</b>	<b>F4.1</b>	<b>Readmission</b>	<b>READMIT</b>	<p><b>Indicates patient is in facility for a second visit for the same episode of injury. Readmissions are required in the registry if an injury was missed at the time of the original care in your ED or facility. Readmissions without a missed diagnosis are not required submissions.</b></p> <p><i>Example:</i> Patient admitted to hospital for a 3 day stay following a MVC, and discharged with no abdominal diagnoses. One day later, he returned to the ED with pain; an abdominal CT showed a small liver laceration. This is a missed injury, and a required registry readmission. There should be two records for this patient in the registry.</p> <p><b>Readmission?</b>  1 = Yes  2 = No</p> <p><b>Note: ‘U’ Unknown or ‘/’ Not Appropriate are not valid values for this data element.</b></p> <p><b>If yes is entered, please indicate the date of the original admission and the missed injury description in the Injury Memo screen F2.3. Also enter #25=Missed Injury in one of the 3 ED Care Issues on Screen F4.3.</b></p> <p><b>Only the initial episode of care (per Inclusion Criteria) is required for readmissions without a missed injury.. Exception: If a patient is discharged home from the emergency department and is subsequently admitted for a missed diagnosis of the same injury, both records should be included. Registrars are welcome to enter more than the minimum inclusion criteria records, if helpful to their trauma service.</b></p>

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Section	Screen	Data Element Description	Collector Data Name	Definition
ED Data	F4.1	Emergency Department Arrival (EDA) Date	EDA_DATE	Emergency Department Arrival (EDA) Date.  NOTE: When Direct Admit is YES, the admit date should be entered here. It will automatically be entered as the ED Discharge Date by the software.
ED Data	F4.1	Emergency Department Arrival (EDA) Month	EDA_DATE_M	Month of Emergency Department Arrival (EDA). NOTE: <i>If the patient was a direct admit, the software will skip to PREEXISTING CONDITIONS (screen 4.2).</i> Valid values are from 01 to 12.
ED Data	F4.1	Emergency Department Arrival (EDA) Day	EDA_DATE_D	Day of Emergency Department Arrival (EDA). NOTE: <i>If the patient was a direct admit, the software will skip to PREEXISTING CONDITIONS (screen 4.2).</i> Valid values are from 01 to 31.
ED Data	F4.1	Emergency Department Arrival (EDA) Year	EDA_DATE_Y	Year of Emergency Department Arrival (EDA). NOTE: <i>If the patient was a direct admit, the software will skip to PREEXISTING CONDITIONS (screen 4.2).</i> Valid values are from 1980 to 2099.
ED Data	F4.1	Emergency Department Arrival (EDA) Time	EDA_TIME	Emergency Department Arrival (EDA) Time.  NOTE: When Direct Admit is YES, the admit time should be entered here. It will automatically be entered as the ED Discharge Time by the software.
ED Data	F4.1	Emergency Department Arrival (EDA) Hour	EDA_TIME_H	Emergency Department Arrival (EDA) Hour. NOTE: <i>If the patient was a direct admit, the software will skip to PREEXISTING CONDITIONS (screen 4.2).</i> Valid values are from 0 to 23.
ED Data	F4.1	Emergency Department Arrival (EDA) Minutes	EDA_TIME_M	Emergency Department Arrival (EDA) Minutes. NOTE: <i>If the patient was a direct admit, the software will skip to PREEXISTING CONDITIONS (screen 4.2).</i> Valid values are from 0 to 59.
ED Data	F4.1	Direct Admit	DIRECT_ADM	Identifies a patient that was admitted as an inpatient, without being evaluated in the Emergency Department. ‘U’ Unknown or ‘/’ Not Applicable are not valid responses for this data element.  1 = Yes 2 = No  Note: When a patient is indicated as a Direct Admit: a. The Admit date and time should be entered into the Date and Time Entered ED fields. b. The ED Admit date and time will automatically be entered as the ED Discharge Time by the software, thereby making the ED length of stay zero. c. A skip will only allow the following ED elements to be entered: • DOA • Was the MCI Disaster Plan implemented? • Trauma Team Activated • Response Level • Date and Time of TTA • PTS • Intubated • Paralyzed • Vital Signs (First Vital Signs taken in the ED)
ED Data	F4.1	Dead on Arrival (DOA)	DOA	Indicates the patient was declared dead on arrival at the facility (i.e. no resuscitative efforts started or continued). 1 = Yes 2 = No (Example: GSW-unresponsive at arrival, attempted resuscitation then declared dead.) Note: Do not use ‘/’ Not Applicable or ‘U’ Unknown in this field.

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Section	Screen	Data Element Description	Collector Data Name	Definition
ED Data	F4.1	MCI Disaster Plan Implemented	MCI_PLAN	Was your facility Mass Casualty Incident Plan implemented in the ED. 1= Yes 2 = No 'U' Unknown '/' Not applicable
ED Data	F4.1	Trauma Team Activated?	TRAUMA_ACT	Indicates whether the ED activated the Trauma Resuscitation Team for this trauma patient, as documented in the medical record. The Trauma Team is a pre-assigned group of caregivers who respond immediately to the ED to provide resuscitation care. The response, criteria, and team membership is defined by the facility. It is an extraordinary response to an injured patient, in comparison to the usual ED response to a non-emergent injured patient. 1 = Yes for either Full Trauma Resuscitation Team activation or Modified Trauma Resuscitation Team activation. If 1 or Yes is chosen for this data element, the Trauma Response Level must also be completed to indicate whether it was a Full Trauma Resuscitation Team or a Modified Trauma Resuscitation Team that was implemented. See also RESUS. 2 = No Trauma Resuscitation Team was activated. Use 2 or No if a trauma consult was implemented without a Full or Modified Team. See also RESUS.
ED Data		Trauma Team Activated - Month [I]	TTA_DM	The month the Trauma Team was activated. (Range 01-12)
ED Data		Trauma Team Activated - Day [I]	TTA_DD	The day the Trauma Team was activated. (Range 01-31)
ED Data		Trauma Team Activated - Year [I]	TTA_DY	The year the Trauma Team was activated. (Range 1980-2099)
ED Data		Trauma Team Activated - Hour [I]	TTA_TH	The hour the Trauma Team was activated.(Range 00-23)
ED Data		Trauma Team Activated - Minute [I]	TTA_TM	The minute the Trauma Team was activated. (Range 00-59)
ED Data	F4.1	Trauma Response Level	RESUS	1 = Full Trauma Team Response (Full Trauma Team Activation). Indicates activation of the Trauma Resuscitation Team for this patient. This response, criteria, and team membership is defined by the facility but must include the general surgeon's prompt response to the patient's bedside in the ED phase of care. Only facilities with a general surgeon on-call for trauma can report a Full Trauma Team Response. The data entry of 1 = Full Trauma Team Response should only be used when "Trauma Team Activated?" data entry field is "1" or "Yes". See also <a href="#">TRAUMA_ACT</a> . The Full Trauma Team Response may have a different name in different facilities. 2 = Modified Trauma Team Response (Modified Trauma Team Activation) Indicates activation of the Modified Trauma Resuscitation Team for this patient. This response, criteria, and team membership is defined by the facility. A Modified Trauma Team Response is an extraordinary response to an injured patient, in comparison to the usual ED response to a non-emergent injured patient. The data entry of 2 = Modified Trauma Team Response should only be used when "Trauma Team Activated?" data entry field is "1" or "Yes". See also <a href="#">TRAUMA_ACT</a> . The Modified Trauma Team Response may have a different name in different facilities. 3 = Trauma Consult. This indicates the patient received an evaluation by a general

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				<p>surgeon <u>during the ED phase of care</u> on a non-emergent basis. A general surgeon evaluation in the inpatient setting can be indicated on Screen F8.1. See Consults: General Surgeon</p> <p><b>4 = None.</b> Indicates neither Trauma Team nor the general surgeon was activated to care for the patient in the ED.</p>
ED Data	F4.1	ED Procedure 1	ED_PROC_01	<p>In ED Procedures 1-20, first enter all of the primary procedures performed. (Order of entry is not significant) Then enter the most important secondary procedures until all fields are completed.</p> <p><b>PRIMARY PROCEDURE LIST</b>            00 = None            03 = Angiography, Arteriogram, or Aortogram            01 = Airway, Endotracheal Intubation            211 = Benzodiazepines (valium, ativan, versed, etc.)            09 = Blood Product Transfusion            70 = Conscious Sedation (12/17/2009)            10 = CPR            49 = CT Abdomen            50 = CT Cervical Spine            51 = CT Chest            13 = CT Head            33 = Diagnostic Peritoneal Lavage (DPL)            217 = Diuretics (lasix, mannitol, etc.)            57 = Echocardiogram            21 = Fluid Resuscitation            203 = Neuromuscular Blocking Agents (succinylcholine, vecuronium, etc.)            208 = Opiates (meperidine, morphine, etc.)            72 = Pelvic Stabilization (12/17/2009)            71 = Sedatives (e.g. Propofol) (12/17/2009)            221 = Steroids (dexamethasone, methylprednisolone, etc.)            40 = Thoracostomy, Chest Tube            30 = Thoracotomy (Open Chest)            42 = Tracheostomy or Cricothyroidotomy            69 = Ultrasound            43 = Warming Methods</p> <p><b>SECONDARY PROCEDURE LIST (See Also Appendix XXX)</b>            210 = Acetaminophen            224 = Antibiotics            04 = Arterial Blood Gases            05 = Arterial Line            06 = Autotransfusion            02 = Bag/Valve/Mask Ventilation            07 = Baseline Blood            209 = Benzodiazepine Antagonist or Opiate Antagonist            47 = Bronchoscopy            48 = Capnography or End Tidal CO2            205 = Cardiovascular Drugs (epinephrine, lidocaine, etc.)            11 = Cervical Collar/Backboard            12 = Closed Reduction(s)            52 = CT Facial            53 = CT Lumbar-Sacral Spine            54 = CT Pelvis            55 = CT Thoracic Spine            56 = CT Other            15 = Cutdown            16 = Cystogram            17 = Defibrillation            18 = Doppler Study            19 = ECG Monitor</p>

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				<p>20 = Fetal Heart Rate Monitor            58 = Fetal Heart Tone Auscultation            22 = Foley Catheter            220 = GI Drugs (droperidol, metoclopramide, etc.)            59 = HCG, Urine or Serum            60 = Hyperventilation            225 = Immunizations, Vaccinations            23 = Intracranial Pressure Monitor            24 = IV, Central Line            25 = IV, Intraosseous            226 = IV, Isotonic Crystalloids (NS, LR, etc.)            26 = IV, Peripheral            27 = K-wire or Steinman Pin Insertion            61 = MRI Abdomen            62 = MRI Brain            28 = MRI Cervical Spine            63 = MRI Chest            64 = MRI Lumbar or Sacral Spine            65 = MRI Other            66 = MRI Pelvis            67 = MRI Lumbar Spine            29 = Naso- or Oro-gastric Tube            207 = Nonsteroidal Anti-inflammatory Drugs (aspirin, ibuprofen, ketorolac, etc.)            46 = Other            31 = Oxygen            32 = Pericardiocentesis            68 = Pulse Oximetry            08 = Repeat H&amp;H            34 = Shock Trouser            35 = Skeletal Traction            36 = Splinting            37 = Suture or Staple Laceration            38 = Temperature Monitor            39 = Thoracostomy, Needle            41 = Tongs or Halo            44 = Wound Care            45 = X-ray</p> <p>100 – 199 = User-defined Interventions/Procedures</p>
ED Data	F4.1	ED Procedure 2	ED_PROC_02	Emergency Department Procedure #2 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 3	ED_PROC_03	Emergency Department Procedure #3 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 4	ED_PROC_04	Emergency Department Procedure #4 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 5	ED_PROC_05	Emergency Department Procedure #5 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 6	ED_PROC_06	Emergency Department Procedure #6 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.

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ED Data	F4.1	ED Procedure 7	ED_PROC_07	Emergency Department Procedure #7 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 8	ED_PROC_08	Emergency Department Procedure #8 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 9	ED_PROC_09	Emergency Department Procedure #9 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 10	ED_PROC_10	Emergency Department Procedure #10 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 11	ED_PROC_11	Emergency Department Procedure #11 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 12	ED_PROC_12	Emergency Department Procedure #12 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 13	ED_PROC_13	Emergency Department Procedure #13 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 14	ED_PROC_14	Emergency Department Procedure #14 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 15	ED_PROC_15	Emergency Department Procedure #15 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 16	ED_PROC_16	Emergency Department Procedure #16 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 17	ED_PROC_17	Emergency Department Procedure #17 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 18	ED_PROC_18	Emergency Department Procedure #18 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 19	ED_PROC_19	Emergency Department Procedure #19 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	ED Procedure 20	ED_PROC_20	Emergency Department Procedure #20 of 20. Enter the most important secondary procedures until all fields are completed. Order is not important for the maximum of twenty procedures. See Emergency Department Procedure 1 for values.
ED Data	F4.1	CT Scan of Head Date	CT_DATE	CT Scan of Head Date, if applicable. Format is mm/dd/yyyy.
ED Data	F4.1	CT Scan of	CT_DATE_M	Month of CT Scan of the head. Values are from 01 and 12.

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		Head Month		
ED Data	F4.1	CT Scan of Head Day	CT_DATE_D	Day of CT Scan of the head. Valid values are from 01 to 31.
ED Data	F4.1	CT Scan of Head Year	CT_DATE_Y	Year of CT Scan of the head. Valid values are from 1980 to 2099.
ED Data	F4.1	CT Scan of Head Time	CT_TIME	The time that the CT Scan of the head was performed if applicable.
ED Data	F4.1	CT Scan of Head Hour	CT_TIME_H	The hour that the CT Scan of the head was performed, if applicable. Valid values are from 00 to 23.
ED Data	F4.1	CT Scan of Head Minutes	CT_TIME_M	The minute that the CT Scan of the head was performed, if applicable. Valid values are from 00 to 59.
ED Data	F4.1	BAC Done	BAC_DONE	Indicates whether the patient had Blood Alcohol Concentration (BAC) tested. 1 = Yes 2 = No 'U'= Unknown Do not use '/' Not Applicable for this field.
ED Data	F4.1	Blood Alcohol Content	ETOH_BAC	Blood alcohol concentration in mg/dL. Blood alcohol concentration levels may also be reported as grams/dL, or as a percentage. For example, 80 mg /dL, is equivalent to 0.80 g/dL and 0.80 %.. (A decimal is not entered or needed in this field.) If the reported value is .10 g/dL, enter 100. If the measured value is 1000 mg/dL or greater (or 1 g/dL or greater), enter 999; this situation should be very rare.  Enter 'U' Unknown if BAC was not tested in your facility or if the test was done but the results are not known. Do not use '/' Not Applicable for this field.
ED Data	F4.1	Tox Screen Performed?	TOX_DONE	Indicates whether a Toxicology Screen was performed. 1 = Yes 2 = No 'U' Unknown(Enter Unknown if TOX was not tested in your facility or if the test was done but the results are not known.) Do not use '/' Not Applicable for this field.
ED Data	F4.1	Tox Screen Results	TOX_RESULT	Results of the Toxicology Screen, if performed. 1 = Positive 2 = Negative 'U' Unknown (Enter Unknown if TOX was not tested in your facility or if the test was done but the results are not known.) '/' Not applicable
ED Data	F4.1	Tox Drug 1 Found	TOX_DRUG	1 <sup>st</sup> of up to 8 drugs found. Do not include positive drug results secondary to drug administration by health care personnel during the resuscitation. Items 1 through 5, and 7 through 9 should be selected only once. Item 6 may be selected multiple times. 00 = None 01 = Opiates (Other than Methadone) (12/17/2009) 02 = Cocaine 03 = Amphetamines 04 = Cannabis 05 = Barbiturates 06 = Other 07 = Benzodiazepines (12/17/2009) 08 = Phencyclidine (PCP) (12/17/2009) 09 = Methadone (12/17/2009)
ED Data	F4.1	Tox Drug 2 Found	TOX_DRUG_2	2 <sup>nd</sup> of up to 6 drugs found. Do not include positive drug results secondary to drug administration by health care personnel during the resuscitation. Items 1 through 5, and 7 through 9 should be selected only once. Item 6 may be selected multiple times. See Tox Drug 1 for values.
ED Data	F4.1	Tox Drug 3	TOX_DRUG_3	3 <sup>rd</sup> of up to 6 drugs found. Do not include positive drug results secondary to drug

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		Found		administration by health care personnel during the resuscitation. Items 1 through 5, and 7 through 9 should be selected only once. Item 6 may be selected multiple times. See Tox Drug 1 for values.
ED Data	F4.1	Tox Drug 3 Found	TOX_DRUG_4	4 <sup>th</sup> of up to 6 drugs found. Do not include positive drug results secondary to drug administration by health care personnel during the resuscitation. Items 1 through 5, and 7 through 9 should be selected only once. Item 6 may be selected multiple times. See Tox Drug 1 for values.
ED Data	F4.1	Tox Drug 4 Found	TOX_DRUG_5	5 <sup>th</sup> of up to 6 drugs found. Do not include positive drug results secondary to drug administration by health care personnel during the resuscitation. Items 1 through 5, and 7 through 9 should be selected only once. Item 6 may be selected multiple times. See Tox Drug 1 for values.
ED Data	F4.1	Tox Drug 5 Found	TOX_DRUG_6	6 <sup>th</sup> of up to 6 drugs found. Do not include positive drug results secondary to drug administration by health care personnel during the resuscitation. Items 1 through 5, and 7 through 9 should be selected only once. Item 6 may be selected multiple times. See Tox Drug 1 for values.
ED Data	F4.1	Tox Drug Other Found	TOX_DRUG_O	Written name of the drug(s) found if “6=other” is chosen for tox drugs 1, 2, 3, or all. See also TOX_DRUG_1 through TOX_DRUG_6.
ED Data	F4.1	Elapsed Time (minutes) in Radiology	RAD_TIME	Minutes spent in radiology. Valid values are from 000 to 999.
ED Data	F4.2	Missed Cervical Spine Injury	MISSED_CS	Indicates whether there was a c-spine injury diagnosis at hospital discharge that was not indicated in the admission (ED) diagnoses.  1 = Yes (that is, the ED did not diagnose a c-spine injury that was diagnosed later in the patient’s stay.) 2 = No (that is, a c-spine injury was diagnosed in the ED)  ‘/’ Not Applicable= This patient did not have a c-spine injury noted in the discharge diagnosis.  ‘U’ Unknown should not be used in this field.
ED Data	F4.2	No Operation for GSW to Abdomen	GUN_NONOP	Indicates whether the patient received non-operative management for a gunshot wound to the abdomen.  1 = Yes (received nonoperative management) 2 = No (received surgery)  Enter ‘/’ Not Applicable if there was no gunshot wound to abdomen.
ED Data	F4.2	No Operation for SW to abdomen	STAB_NONOP	Indicates whether the patient received non-operative management for a stab wound to the abdomen.  1 = Yes 2 = No  Enter ‘/’ Not Applicable if no stab wound to abdomen.
ED Data	F4.2	Pre-existing Condition 1	PAST_MED_1	<b>Pre-existing condition 1 of up to 6. Refers to conditions evident prior to this hospital admission and documented in the medical record.</b> <b>00 = None</b> <b>01 = Gastrointestinal (GI) disease</b> <b>02 = Cardiac (such as, history of angina, significant arrhythmias, coronary artery bypass graft, angioplasty, stent placement, myocardial infarction, coronary artery disease, congestive heart failure, valvular disease, cardiomyopathy,</b>

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				<p><i>etc.)</i></p> <p>03 = Collagen/Vascular disease (<i>non-cardiac</i>)</p> <p>04 = Obesity</p> <p>05 = Drug Abuse</p> <p>06 = Tobacco Use</p> <p>07 = Seizure disorder</p> <p>08 = Organic Brain Syndrome (<i>e.g. Alzheimer’s Disease, Dementia</i>)</p> <p>09 = Diabetes</p> <p>10 = Respiratory (<i>such as chronic restrictive or obstructive pulmonary disease, pulmonary hypertension, etc.</i>)</p> <p>11 = Cancer</p> <p>12 = Cirrhosis (<i>or portal hypertension, hepatic failure, encephalopathy, or coma.</i>)</p> <p>13 = Alcohol (ETOH) Abuse</p> <p>14 = Previous Trauma</p> <p>15 = Cerebral Vascular Accident (CVA or stroke)</p> <p>16 = Hypertension</p> <p>17 = Psychiatric</p> <p>99 = Other</p> <p>100 = DVT (12/17/2009)</p> <p>101 = Pulmonary Embolism(12/17/2009)</p> <p>102 = Chronic Renal Failure or Insufficiency(12/17/2009)</p> <p>103 = Infection or Sepsis(12/17/2009)</p> <p>104 = Arthritis(12/17/2009)</p> <p>105 = Osteoporosis(12/17/2009)</p> <p>106 = Parkinson’s Disease (12/17/2009)</p> <p>107 = Polio (12/17/2009)</p> <p>108 = Pressure Sore (12/17/2009)</p>
ED Data	F4.2	Pre-existing Condition 2	PAST_MED_2	Pre-existing condition 2. See Pre-existing Condition 1 for definition and values.
ED Data	F4.2	Pre-existing Condition 3	PAST_MED_3	Pre-existing condition 3. See Pre-existing Condition 1 for definition and values.
ED Data	F4.2	Pre-existing Condition 4	PAST_MED_4	Pre-existing condition 4. See Pre-existing Condition 1 for definition and values.
ED Data	F4.2	Pre-existing Condition 5	PAST_MED_5	Pre-existing condition 5. See Pre-existing Condition 1 for definition and values.
ED Data	F4.2	Pre-existing Condition 6	PAST_MED_6	Pre-existing condition 6. See Pre-existing Condition 1 for definition and values.
ED Data	F4.2	Pre-existing Condition Other	PAST_MED_O	Description of pre-existing condition(s) not included in the list of values for pre-existing conditions 1 through 6.
ED Data	F4.2	Eye Opening Sub-score of GCS in ED	EYE_OPNG_E	<p>Sub-score of the Glasgow Coma Score (GCS) indicating patient <i>best</i> eye opening <i>in the ED</i>. It is added to two other sub-scores to obtain the GCS in the ED. See also ED GCS (GCS_A).</p> <p>1 = None</p> <p>2 = To Pain</p> <p>3 = To Voice</p> <p>4 = Spontaneous</p> <p>U = Unknown</p>
ED Data	F4.2	Verbal Response Sub-score of GCS in ED	VER_RESP_E	<p>Sub-score of the Glasgow Coma Score (GCS) indicating patient <i>best</i> verbal response <i>in the ED</i>. It is added to two other sub-scores to obtain the GCS in the ED. See also ED GCS (GCS_A).</p> <p>1 = None, intubated, or pharmacologically paralyzed</p> <p>2 = Incomprehensible Sounds (under 2 yrs, Agitated/Restless)</p> <p>3 = Inappropriate Words (under 2 yrs., Persistent Crying)</p> <p>4 = Confused</p> <p>5 = Oriented</p> <p>U = Unknown</p> <p>NOTE: If the patient was intubated or pharmacologically paralyzed enter 1 AND be sure to indicate the patient’s status (intubated and/or paralyzed) below.</p>

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Section	Screen	Data Element Description	Collector Data Name	Definition
ED Data	F4.2	Motor Response Sub-score of GCS in ED	MOT_RESP_E	Sub-score of the Glasgow Coma Score (GCS) indicating the patient’s <i>best</i> motor response <i>in the ED</i> . It is added to two other sub-scores to obtain the ED GCS. See also discharge-GCS (GCS_A). <b>1 = None, or pharmacologically paralyzed</b> <b>2 = Abnormal Extension</b> <b>3 = Abnormal Flexion</b> <b>4 = Withdraws to Pain</b> <b>5 = Localizes Pain</b> <b>6 = Obeys Commands</b> <b>U = Unknown</b> <b>Note: If the patient was pharmacologically paralyzed enter 1 AND be sure to indicate the patients paralyzed status below.</b>
ED Data	F4.2	GCS in ED	GCS_A	Glasgow Coma Score (GCS) is a widely used index that assesses the degree of coma in patients with craniocerebral injuries. The ED GCS is calculated by adding the sub-scores of three behavioral responses in the emergency department: eye opening (see EYE_OPNG_E), best verbal response (see VER_RESP_E), and best motor response (see MOT_RESP_E).  <b>Values range from 3 to 15.</b>
ED Data	F4.2	Pediatric Trauma Score (PTS) on Admission	PTS_A	Pediatric Trauma Score in the emergency department. The Pediatric Trauma Score (PTS) combines physiologic and anatomic measures to assess the severity of childhood injury. One of three severity assignments is made for each of the six component variables: Size, Airway, Systolic BP, Central Nervous System, Skeletal, and Cutaneous. The associated point values are <i>summed</i> to yield the PTS. Value range from –6 (worst) to 12 (best). Specify ‘I’ for non-pediatric pts. or ‘N’? <b>Size:</b> <b>-1 = &lt;10 kg (20 lbs.)</b> <b>1 = 10 - 20 kg (20 lbs. to 40 lbs.)</b> <b>2 = &gt;20 kg (40 lbs.)</b> <b>Airway</b> <b>-1 = Unmaintainable</b> <b>1 = Maintainable</b> <b>2 = Normal</b> <b>Systolic BP</b> <b>-1 = &lt;50 mm Hg</b> <b>1 = 50-90 mm Hg</b> <b>2 = &gt;90 mm Hg</b> <b>Central Nervous System</b> <b>-1 = Coma</b> <b>1 = Obtunded</b> <b>2 = Awake</b> <b>Skeletal</b> <b>-1 = Open fracture or multiple fractures</b> <b>1 = Closed fracture</b> <b>2 = None</b> <b>Cutaneous</b> <b>-1 = Major/penetrating</b> <b>1 = Minor</b> <b>2 = None</b>
ED Data	F4.2	GCS Documented Every Hour	GCS_DOC	Indicates whether the Glasgow Coma Scale (GCS) was documented every hour.  <b>1 = Yes</b> <b>2 = No</b>
ED Data	F4.2	Intubated at the Time of First GCS	ED_INTUB	Indicates whether the patient was intubated at the time of the Glasgow Coma Score (GCS) assessment recorded above. <b>1 = Yes</b>

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Section	Screen	Data Element Description	Collector Data Name	Definition
				<p>2 = No</p> <p>‘U’ Unknown (<i>Use if Intubation was not indicated</i>)</p> <p>‘/’ Not applicable</p> <p><b>Important Note:</b> If a patient is intubated, enter “1” for the GCS Verbal component recorded above. A GCS score cannot be accurately determined since the true verbal sub-score cannot be ascertained.</p>
ED Data	F4.2	Paralyzed at the Time of First GCS	ED_PRLYZ	<p>Indicates whether the patient was pharmacologically paralyzed at the time of the first Glasgow Coma Score (GCS) assessment recorded above.</p> <p>1 = Yes</p> <p>2 = No</p> <p>‘U’ Unknown (<i>Use if Intubation is not indicated</i>)</p> <p>‘/’ Not applicable</p> <p><b>Important Note:</b> If a patient is pharmacologically paralyzed, enter “1” for the GCS Verbal and Motor components recorded above. A GCS score cannot be accurately determined since the sub-scores cannot be ascertained.</p>
ED Data	F4.3	Transfusion Within 24 Hours of ED Arrival	ED_TRANSF	<p>Indicates whether the patient received a transfusion of platelets or fresh frozen plasma within 24 hours after arrival at this facility’s emergency department, after having received &lt;8 units of packed red blood cells or whole blood.</p> <p>1 = Yes indicates the patient received fewer than 8 units of packed red cells or 8 units of whole blood (or a combination of these) then received either platelets or fresh frozen plasma—all within his first 24 hours after ED arrival at this facility.</p> <p>2 = No indicates the patient did not receive fewer than 8 units of packed red cells or 8 units (or combination) of whole blood then received either platelets or fresh frozen plasma within the first 24 hours after arrival in the ED.</p>
ED Data	F4.3	Pulse Rate (First ED)	PULSE_E	First pulse rate in beats per minute.
ED Data	F4.3	Respiratory Rate Controlled	ASSI_ONV_E	<p>Indicates whether the patient’s Respiratory Rate is controlled? Unknown and Inappropriate are not valid responses for this data element.</p> <p>1 = Yes</p> <p>2 = No</p>
ED Data	F4.3	Controlled Respiratory Rate	VENT_RAT_E	The controlled rate of respiration if the respiratory rate is controlled. Enter Unknown if the respiration rate is controlled but the rate is not shown in the patient chart.
ED Data	F4.3	Respiratory Rate (First Spontaneous in ED)	RESP_RAT_E	The <i>first</i> number of unassisted respirations by the patient per minute. Does not include bagged or controlled ventilatory rates. If the patient’s <i>unassisted</i> respiratory rate could not be recorded, enter “U” for unknown.
ED Data	F4.3	Systolic BP (First in ED)	SYS_BP_E	First Systolic Blood Pressure (BP) in ED measured in mm Hg.
ED Data	F4.3	Systolic BP (Lowest in ED)	LSYS_BP_E	Lowest systolic blood pressure in ED measured in mm Hg.
ED Data	F4.3	Hematocrit Level	HCT (12/17/2009)	First Hematocrit level (percentage) for the patient. The percent of red blood cells to the blood volume. Use ‘/’ Not Applicable for pts. that do not have blood work done.(i.e. Direct Admits, Peds Pts. and Transfers)
ED Data	F4.3	Recorded Temperature	TEMP_E (12/17/2009)	First temperature recorded by the health care professional. May be recorded in Fahrenheit or Centigrade. The unit must also be entered. See TEMP_FC_E
ED Data	F4.3	Unit of Recorded Temperature	TEMP_FC_E	Unit of first recorded temperature. See TEMP_E. F = Fahrenheit C = Centigrade
ED Data	F4.3	Vital Signs Recorded Every Hour	VITALS_DOC	<p>Indicates whether the vital signs were recorded every hour.</p> <p>1 = Yes</p> <p>2 = No</p>

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Section	Screen	Data Element Description	Collector Data Name	Definition																								
ED Data	F4.3	Revised Trauma Score (RTS) At ED	RTS_A	<p>Note: This field is calculated by Collector if all the necessary data elements are entered.</p> <p>The Revised Trauma Score (RTS) is a physiologic severity score widely used in pre-hospital triage and based on measurements of vital signs (systolic blood pressure (SBP), respiratory rate (RR)) and a measurement of consciousness (Glasgow Coma Score (GCS)). The RTS provides a more accurate estimation of injury severity for patients with serious head injuries, and supplies more reliable predictions of outcome than its predecessor -- the Trauma Score.</p> <p>The ED RTS (RTS<sub>ed</sub>) is automatically calculated by Collector if all data needed to compute it are known, as follows:</p> <p>RTS<sub>ed</sub> = 0.9368 (GCS<sub>c</sub>) + 0.7326 (SBP<sub>c</sub>) + 0.2908 (RR<sub>c</sub>), where the subscript c refers to coded value.</p> <table border="1"> <thead> <tr> <th>GCS<sub>ed</sub></th> <th>SBP<sub>ed</sub></th> <th>RR<sub>ed</sub></th> <th>Coded Value</th> </tr> </thead> <tbody> <tr> <td>13 – 15</td> <td>&gt;89</td> <td>10 – 29</td> <td>4</td> </tr> <tr> <td>9 – 12</td> <td>76 - 89</td> <td>&gt;29</td> <td>3</td> </tr> <tr> <td>6 - 8</td> <td>50 - 75</td> <td>6 - 9</td> <td>2</td> </tr> <tr> <td>4 - 5</td> <td>1 - 49</td> <td>1 - 5</td> <td>1</td> </tr> <tr> <td>3</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p>See also GCS_A, SYS_BP_E, and RESP_RAT_E.</p>	GCS <sub>ed</sub>	SBP <sub>ed</sub>	RR <sub>ed</sub>	Coded Value	13 – 15	>89	10 – 29	4	9 – 12	76 - 89	>29	3	6 - 8	50 - 75	6 - 9	2	4 - 5	1 - 49	1 - 5	1	3	0	0	0
GCS <sub>ed</sub>	SBP <sub>ed</sub>	RR <sub>ed</sub>	Coded Value																									
13 – 15	>89	10 – 29	4																									
9 – 12	76 - 89	>29	3																									
6 - 8	50 - 75	6 - 9	2																									
4 - 5	1 - 49	1 - 5	1																									
3	0	0	0																									
ED Data	F4.3	Care Issue 1	ISSUE_E_1	<p>1<sup>st</sup> of up to 3 care issues. Broad categories or specific events that may warrant review. Used to note a question or concern surrounding, for example, the patient’s transport to the most appropriate facility, the call to a specialist, the OR’s acceptance, etc. that could serve as an opportunity for further research or improvement.</p> <p>00 = None</p> <p>01 = Transport to Appropriate Facility (<i>under triage, or over triage; e.g., a Step 2 patient delivered to a Level IV facility despite the injury occurring within 30 minutes of a capable and available Level III facility</i>)</p> <p>02 = Emergency Physician Availability (<i>delay in placing call, or arrival of physician</i>)</p> <p>03 = Trauma Team Activation (<i>e.g., under triage = patient eligible for a trauma team activation but does not receive one; or, over triage = patient not eligible for a trauma team activation, but receives one</i>)</p> <p>04 = Trauma Team Arrival (<i>delay in arrival, or delay in placing call to team, or incomplete response of team</i>)</p> <p>05 = General Surgeon (<i>delay in placing call, or uncertainty which surgeon should be called</i>)</p> <p>06 = General Surgeon Arrival (<i>delay in arrival</i>)</p> <p>07 = Specialist Call (<i>delay in placing call, or uncertainty which individual should be called</i>)</p> <p>08 = Specialist Arrival (<i>delay in arrival</i>)</p> <p>09 = Transfer Out to Appropriate Facility (<i>difficulty in determining most appropriate facility or physician, or obtaining verbal acceptance of transfer, etc.</i>)</p> <p>10 = Delay in Transfer Out (<i>delay in decision to transfer out, delay in prehospital response to ED for transfer, poor weather conditions prolonging departure, etc.</i>)</p> <p>11 = Met Transfer Criteria, Not Transferred Out (<i>patient likely to need resources unavailable at current hospital, yet not transferred to other acute care facility, etc.</i>)</p> <p>12 = Blood Availability</p> <p>13 = CT Scan Availability</p> <p>14 = MRI Availability</p> <p>15 = Diagnostic Test Results Availability</p>																								

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Section	Screen	Data Element Description	Collector Data Name	Definition
				16 = Equipment Malfunction ( <i>equipment needed for patient care not operating adequately</i> ) 17 = Equipment Not Readily Available ( <i>difficulty locating equipment, or needed equipment already in use</i> ) 18 = Indicated Procedure Not Performed 19 = Indicated Diagnostic Test Not Ordered or Not Performed 20 = OR Acceptance 21 = Delay of Pain Medication 23 = Critical Care Bed Not Available 24 = Ward Bed Not Available 25 = Missed Injury ( <i>significant injury documented on discharge from hospital that was not found during ED stay</i> ) 26 = Unrecognized or Untreated Hypothermia 27 = Unrecognized or Untreated Hypovolemia 28 = Aspiration Due to C-Spine Restraints 31 = Cardiac Arrest Outside of ED (ie, CT) 32 = Chest Tube Displacement 33 = Intubation, Esophageal 34 = Intubation, Mainstem 35 = Intubation, Tube Displacement 36 = Medication Not Available 37 = Neurovascular Changes After Splinting 38 = Other 39 = Over Triage (12/17/2009) 40 = Under Triage (12/17/2009) If ‘38, Other’ is chosen, specify the care issue in the NOTES_CARE field.
ED Data	F4.3	Care Issue 2	ISSUE_E_2	Second of up to 3 ED care issues. See definition and values for ISSUE_E_1.
ED Data	F4.3	Care Issue 3	ISSUE_E_3	Third of up to 3 ED care issues. See definition and values for ISSUE_E_1.
ED Data	F4.3	Care Issue Memo	NOTES_CARE	Memo field to specify additional care issues not captured in ED Care Issue 1-3 fields.  A care issue is defined as a condition arising <i>after</i> arrival in the emergency department which occurs as a result of the patient’s treatment or events during the hospitalization, and requires additional medical treatment or affects the patient’s length of stay. Care issues must be documented in the patient record by an attending or consulting <i>physician</i> . Suspected exacerbation of a pre-morbid condition should not be coded as a complication <i>unless specified by an attending or consulting physician</i> .
ED Data	F4.4	Emergency Department Physician	ED_MD	User-Defined code for the ED Physician. Values vary according to facility.
ED Data	F4.4	Time ED Physician Called	ED_MD_C	Time Emergency Department (ED) Physician was requested to see the patient.  Note: If the physician was in the ED at the same time the patient arrived and <i>immediately</i> saw the patient, then the ED arrival time and time ED physician called could be the same. However, do not automatically enter the EDA arrival time here.
ED Data	F4.4	Hour ED Physician Called	ED_MD_CH	Hour Emergency Department (ED) Physician was requested to see the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes ED Physician Called	ED_MD_CM	Minutes Emergency Department (ED) Physician was requested to see the patient. Valid values are from 0 to 59.
ED Data	F4.4	Time ED Physician Arrived and Available for	ED_MD_A	Time Emergency Department (ED) Physician actually reached the patient.

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Section	Screen	Data Element Description	Collector Data Name	Definition
		Care		
ED Data	F4.4	Hour ED Physician Arrived and Available for Care	ED_MD_AH	Hour Emergency Department (ED) Physician actually reached the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes ED Physician Arrived and Available for Care	ED_MD_AM	Minutes Emergency Department (ED) Physician actually reached the patient. Valid values are from 0 to 59.
ED Data	F4.4	Trauma/General Surgeon	TR_RES_MD	User-Defined code for the trauma/general surgeon. Values vary according to facility.
ED Data	F4.4	Time Trauma/General Surgeon Called	TR_RES_C	Time Trauma/General Surgeon was requested to see the patient.
ED Data	F4.4	Hour Trauma/General Surgeon Called	TR_RES_CH	Hour Trauma/General Surgeon was requested to see the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes Trauma/General Surgeon Called	TR_RES_CM	Minutes Trauma/General Surgeon was requested to see the patient. Valid values are from 0 to 59.
ED Data	F4.4	Time Trauma/General Surgeon Arrived and Available for Care	TR_RES_A	Time Trauma/General Surgeon actually reached the patient.
ED Data	F4.4	Hour Trauma/General Surgeon Arrived and Available for Care	TR_RES_AH	Hour Trauma/General Surgeon actually reached the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes Trauma/General Surgeon Arrived and Available for Care	TR_RES_AM	Minutes Trauma/General Surgeon actually reached the patient. Valid values are from 0 to 59.
ED Data	F4.4	Anesthesiologist	ANES_MD	User-Defined code for the Anesthesiologist. Values vary depending on facility.
ED Data	F4.4	Time Anesthesiologist Called	ANES_C	Time Anesthesiologist was requested to see the patient.
ED Data	F4.4	Hour Anesthesiologist Called	ANES_CH	Hour Anesthesiologist was requested to see the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes Anesthesiologist Called	ANES_CM	Minutes Anesthesiologist was requested to see the patient. Valid values are from 0 to 59.
ED Data	F4.4	Time Anesthesiologist Arrived	ANES_A	Time Anesthesiologist actually reached the patient.

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ED Data	F4.4	Hour Anesthesiologist Arrived	ANES_AH	Hour Anesthesiologist actually reached the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes Anesthesiologist Arrived	ANES_AM	Minutes Anesthesiologist actually reached the patient. Valid values are from 0 to 59.
ED Data	F4.4	Neurosurgeon	NEURO_MD	User-Defined code for Neurosurgeon. Values vary depending on facility.
ED Data	F4.4	Time Neurosurgeon Called	NEURO_C	Time Emergency Department (ED) Physician was requested to see the patient.
ED Data	F4.4	Hour Neurosurgeon Called	NEURO_CH	Hour Neurosurgeon was requested to see the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes Neurosurgeon Called	NEURO_CM	Minutes portion of time Neurosurgeon was requested to see the patient. Valid values are from 0 to 59.
ED Data	F4.4	Time Neurosurgeon Arrived	NEURO_A	Time Neurosurgeon actually reached the patient.
ED Data	F4.4	Hour Neurosurgeon Arrived	NEURO_AH	Hour Neurosurgeon actually reached the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes Neurosurgeon Arrived	NEURO_AM	Minutes portion of time Neurosurgeon actually reached the patient. Valid values are from 0 to 59.
ED Data	F4.4	Orthopedic Surgeon	ORTHO_MD	User-Defined code for Orthopedic Surgeon. Values vary depending on facility.
ED Data	F4.4	Time Orthopedic Surgeon Called	ORTHO_C	Time Orthopedic Surgeon was requested to see the patient.
ED Data	F4.4	Hour Orthopedic Surgeon Called	ORTHO_CH	Hour Orthopedic Surgeon was requested to see the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes Orthopedic Surgeon Called	ORTHO_CM	Minutes Orthopedic Surgeon was requested to see the patient. Valid values are from 0 to 59.
ED Data	F4.4	Time Orthopedic Surgeon Arrived	ORTHO_A	Time Orthopedic Surgeon actually reached the patient.
ED Data	F4.4	Hour Orthopedic Surgeon Arrived	ORTHO_AH	Hour Orthopedic Surgeon actually reached the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes Orthopedic Surgeon Arrived	ORTHO_AM	Minutes Orthopedic Surgeon actually reached the patient. Valid values are from 0 to 59.
ED Data	F4.4	Pediatric Surgeon	PEDIA_MD	User-Defined code for Pediatric Surgeon. Values vary depending on facility.
ED Data	F4.4	Time Pediatric Surgeon Called	PEDIA_C	Time Pediatric Surgeon was requested to see the patient.
ED Data	F4.4	Hour Pediatric Surgeon	PEDIA_CH	Hour Pediatric Surgeon was requested to see the patient. Valid values are from 0 to 23.

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Section	Screen	Data Element Description	Collector Data Name	Definition
		Surgeon Called		
ED Data	F4.4	Minutes Pediatric Surgeon Called	PEDIA_CM	Minutes Pediatric Surgeon was requested to see the patient. Valid values are from 0 to 59.
ED Data	F4.4	Time Pediatric Surgeon Arrived	PEDIA_A	Time Pediatric Surgeon actually reached the patient.
ED Data	F4.4	Hour Pediatric Surgeon Arrived	PEDIA_AH	Hour Pediatric Surgeon actually reached the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes Pediatric Surgeon Arrived	PEDIA_AM	Minutes Pediatric Surgeon actually reached the patient. Valid values are from 0 to 59.
ED Data	F4.4	Consulting Physician	CNSLT_MD	User-Defined code for the Consulting Physician. Values vary according to facility.
ED Data	F4.4	Time Consulting Physician Called	CNSLT_C	Time Consulting Physician was requested to see the patient.
ED Data	F4.4	Hour Consulting Physician Called	CNSLT_CH	Hour Consulting Physician was requested to see the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes Consulting Physician Called	CNSLT_CM	Minutes Consulting Physician was requested to see the patient. Valid values are from 0 to 59.
ED Data	F4.4	Time Consulting Physician Arrived	CNSLT_A	Time Consulting Physician actually reached the patient.
ED Data	F4.4	Hour Consulting Physician Arrived	CNSLT_AH	Hour Consulting Physician actually reached the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes Consulting Physician Arrived	CNSLT_AM	Minutes Consulting Physician actually reached the patient. Valid values are from 0 to 59.
ED Data	F4.4	ENT/Plastic Surgeon	ENT_MD	User-Defined code for ENT/Plastic Surgeon. Values vary depending on facility.
ED Data	F4.4	Time ENT/Plastic Surgeon Called	ENT_C	Time ENT/Plastic Surgeon requested to see the patient.
ED Data	F4.4	Hour ENT/Plastic Surgeon Called	ENT_CH	Hour portion of time ENT/Plastic Surgeon requested to see the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes ENT/Plastic Surgeon Called	ENT_CM	Minutes portion of time ENT/Plastic Surgeon requested to see the patient. Valid values are from 0 to 59.
ED Data	F4.4	Time ENT/Plastic	ENT_A	Time ENT/Plastic Surgeon actually reached the patient.

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Section	Screen	Data Element Description	Collector Data Name	Definition
		Surgeon Arrived		
ED Data	F4.4	Hour ENT/Plastic Surgeon Arrived	ENT_AH	Hour portion of time ENT/Plastic Surgeon actually reached the patient. Valid values are from 0 to 23.
ED Data	F4.4	Minutes ENT/Plastic Surgeon Arrived	ENT_AM	Minutes portion of time ENT/Plastic Surgeon actually reached the patient. Valid values are from 0 to 59.
ED Data	F4.5	<b>Emergency Department Discharge (EDD) Date</b>	EDD_DATE	<b>Date that the patient left the ED resuscitation area for final disposition, without returning to the ED, and was either admitted to OR, ICU, or floor, transferred to another facility, discharged, or died. If the patient was a direct admit to the hospital, the date will default to the EDA date so the ED length of stay will be zero.</b>
ED Data	F4.5	<b>Emergency Department Discharge (EDD) Month</b>	EDD_DATE_M	<b>Month that the patient left the ED resuscitation area for final disposition, without returning to the ED, and was either admitted to OR, ICU, or floor, transferred to another facility, discharged, or died.</b>
ED Data	F4.5	<b>Emergency Department Discharge (EDD) Day</b>	EDD_DATE_D	<b>Day that the patient left the ED resuscitation area for final disposition, without returning to the ED, and was either admitted to OR, ICU, or floor, transferred to another facility, discharged, or died.</b>
ED Data	F4.5	<b>Emergency Department Discharge (EDD) Year</b>	EDD_DATE_Y	<b>Year that the patient left the ED resuscitation area for final disposition, without returning to the ED, and was either admitted to OR, ICU, or floor, transferred to another facility, discharged, or died.</b>
ED Data	F4.5	<b>Emergency Department Discharge (EDD) Time</b>	EDD_TIME	<b>Time that the patient left the ED resuscitation area for final disposition, without returning to the ED, and was either admitted to OR, ICU, or floor, transferred to another facility, discharged, or died. Initial radiological work-up (CT scan X-rays, angiography, etc.) is included in ED time. If the patient was a direct admit to the hospital, the time will default to the EDA time so the ED length of stay will be zero.</b>
ED Data	F4.5	<b>Emergency Department Discharge (EDD)</b>	EDD_TIME_H	<b>Hour portion of the time the patient left the ED resuscitation area for final disposition, without returning to the ED, and was either admitted to OR, ICU, or floor; transferred to another facility, discharged, or died. Initial radiological work-up (CT scan X-rays, angiography, etc.) is included in ED time. Valid values range from 0 to 23</b>
ED Data	F4.5	<b>Emergency Department Discharge (EDD) Minutes</b>	EDD_TIME_M	<b>Minutes portion of the time the patient left the ED resuscitation area for final disposition, without returning to the ED, and was either admitted to OR, ICU, or floor, transferred to another facility, discharged, or died. Initial radiological work-up (CT scan X-rays, angiography, etc.) is included in ED time. Valid values are from 0 to 59.</b>
ED Data	F4.5	<b>Emergency Department Discharge Disposition</b>	EDD_DISP	<b>Emergency Department Discharge Disposition. 01 = OR (Operating Room) 02 = Ward or Floor; <i>providing routine nursing care and staffing levels</i> 03 = Other Acute Care Facility (<i>transfers to other hospitals; when used, the “receiving hospital ID” must also be entered. See REC_FAC_ID.</i>) 04 = ICU/CCU 05 = Other In-house (Excludes pt. admitted to the 02-Ward or 11-Peds as an outpatient.) 06 = Home 07 = Skilled Nursing Facility (SNF) - External 08 = Intermediate Care Facility (ICF) 09 = Expired (Died in the ED) 10 = Other (Out of Facility, POV Transfers) <i>This field is only used when the patient is transferred to somewhere other than listed above. This field should rarely be used. When used, EDD_DISP_0 should also be entered.</i></b>

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Section	Screen	Data Element Description	Collector Data Name	Definition
				<b>11 = Pediatric Ward</b> <b>12 = Pediatric ICU</b> <b>13 = Progressive Care Unit (eg, Stepdown, Telemetry, Monitored Unit)</b> <b>14 = Short Stay Unit (eg, Ambulatory Treatment Unit, Observation Unit, &lt;24 Hour Unit) – If patient is subsequently admitted, use 05=Other In-House</b> <b>15 = Inpatient Psychiatry</b> <b>16 = Jail, Police Custody</b> <b>17 = In House SNF (Skilled Nursing Facility)</b> <b>18 = Foster Care</b> <b>Note: A patient is “transferred” (choice 3) to another hospital if sent by ambulance. A patient sent by private vehicle or other means is not a “transfer” for the purposes of the Trauma Registry. However, if you are including these records in your registry, please code the ED disposition as 10=Other and not 3=Other ACF, and specify POV Transfer in the Emergency Department Other Discharge Disposition (EDD_DISP_O) field.</b>
ED Data	F4.5	Emergency Department Other Discharge Disposition	EDD_DISP_O	Text description of the ED discharge disposition if ‘10 = Other’ is chosen. See EDD_DISP.
EDData	F4.5	Decision To Transfer Made By	EDD_X_BY	The Emergency Department staff who initiated the patient transfer. 1 = ED Physician 2 = ED Mid Level Provider 3 = General Surgeon 4 = Neurosurgeon 5 = Orthopedic Surgeon 6 = Pediatric Surgeon 7 = Pediatrician 8 = Other ‘U’ = Unknown ‘/’ = Not Applicable
EDData	F4.5	Decision To Transfer Made By-If Other	EDD_X_BY_O	Text description of the title of physician that determined the Discharge Disposition of Patient., If #8, Other is selected.
ED Data	F4.5	Receiving Facility ID if Transferred from ED	REC_FAC_ID	<b>ID of the hospital where the patient went if the patient was transferred from the ED to another hospital. See <a href="#">REF_ID</a> for defined values.</b> ‘U’ Unknown ‘/’ Not applicable
ED Data	F4.5	Previously Seen in ED	SEEN_PREV	Indicates whether a patient was evaluated <i>and discharged</i> from an ED (i.e. <i>not admitted</i> to the hospital) who subsequently returned and was admitted to the hospital within 72 hours of initial evaluation. 1 = Yes 2 = No
ED Data	F4.5	Admitting Service	ADMIT_ED	<b>Admitting Service</b> <b>01 = Trauma</b> <b>02 = Neurosurgery</b> <b>03 = Orthopedic Surgery</b> <b>04 = ENT/Plastic Surgery</b> <b>05 = Thoracic Surgery</b> <b>06 = Pediatric Surgery</b> <b>07 = Pediatrics</b> <b>08 = Other Surgical Service</b> <b>09 = Other Non-surgical Service</b> <b>100 = Intensivist (12/17/2009)</b> <b>101= Hospitalist-Medical (12/17/2009)</b> <b>102 = Hospitalist-Surgical (12/17/2009)</b> <b>103 = Internist (12/17/2009)</b>

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Section	Screen	Data Element Description	Collector Data Name	Definition
ED Data	F4.5	Other Admitting Service	ADMIT_ED_O	Text name and/or description of admitting service if not listed in ADMIT_ED.
ED Data	F4.5	Attending M.D. in ED	ED_ATT_MD	ID of Attending/Admitting Physician. This is a user-defined field and varies between hospitals.
ED Data	F4.5	Left ED Intubated	ART_AIRWAY	Indicates whether the patient left the ED intubated. If intubation was not required, enter “1”. 1 = Yes 2 = No
ED Data	F4.5	Laparotomy Performed Within 2 Hours if Required	NO_LAPAROT	Indicates that a laparotomy was performed within 2 hours of EDA. If a laparotomy was not required, enter “1”. 1 = Yes 2 = No
ED Data	F4.5	Procedure Code of Laparotomy	LAP_PROC	The operative procedure code of the type of laparotomy that was performed. If a laparotomy was not required, enter ‘/’ Not Applicable.
ED Data	F4.6	ED Memo	NOTES_ED	Ten lines designated for a description of patient’s ED information.
Opers./Procs.	F5.1	<b>Surgery Performed</b>	<b>SURG_DONE</b>	<b>Indicates whether the patient had surgery.</b>  1 = Yes 2 = No
Opers./Procs.	F5.1	<b>Operation 1 Arrival Date</b>	<b>OP1A_DATE</b>	<b>Date the patient arrived in the surgical suite for operation 1.</b>
Opers./Procs.	F5.1	<b>Operation 1 Arrival Month</b>	<b>OP1A_D_M</b>	<b>Month the patient arrived in the surgical suite for operation 1. Valid values are from 1 to 12.</b>
Opers./Procs.	F5.1	<b>Operation 1 Arrival Day</b>	<b>OP1A_D_D</b>	<b>Day the patient arrived in the surgical suite for operation 1. Valid values are from 1 to 31.</b>
Opers./Procs.	F5.1	<b>Operation 1 Arrival Year</b>	<b>OP1A_D_Y</b>	<b>Year the patient arrived in the surgical suite for operation 1. Valid values are from 1980 to 2099.</b>
Opers./Procs.	F5.1	<b>Operation 1 Arrival Time</b>	<b>OP1A_TIME</b>	<b>Time that the patient arrived in the surgical suite for operation 1.</b>
Opers./Procs.	F5.1	<b>Operation 1 Hour of Arrival Time</b>	<b>OP1A_T_H</b>	<b>Hour that the patient arrived in the surgical suite for operation 1. Valid values are from 0 to 23.</b>
Opers./Procs.	F5.1	<b>Operation 1 Minutes of Arrival Time</b>	<b>OP1A_T_M</b>	<b>Minutes portion of time that the patient arrived in the surgical suite for operation 1. Valid values are from 0 to 59.</b>
Opers./Procs.	F5.1	<b>Operation 1 Start Date</b>	<b>OP1S_DATE</b>	<b>Date operation 1 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).</b>
Opers./Procs.	F5.1	<b>Operation 1 Start Month</b>	<b>OP1S_D_M</b>	<b>Month operation 1 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.</b>
Opers./Procs.	F5.1	<b>Operation 1 Start Day</b>	<b>OP1S_D_D</b>	<b>Day that operation 1 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.</b>
Opers./Procs.	F5.1	<b>Operation 1 Start Year</b>	<b>OP1S_D_Y</b>	<b>Year operation 1 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.</b>
Opers./Procs.	F5.1	<b>Operation 1 Start Time</b>	<b>OP1S_TIME</b>	<b>Time operation 1 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).</b>
Opers./Procs.	F5.1	<b>Operation 1 Hour of Start Time</b>	<b>OP1S_T_H</b>	<b>Hour operation 1 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 0 and 23.</b>

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Section	Screen	Data Element Description	Collector Data Name	Definition
Opers./Procs.	F5.1	Operation 1 Minutes of Start Time	OP1S_T_M	Minutes portion of the time operation 1 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 0 to 59.
Opers./Procs.	F5.1	Operation 1 End Date	OP1E_DATE	Date operation 1 was finished.
Opers./Procs.	F5.1	Operation 1 End Month	OP1E_D_M	Month operation 1 was finished. Valid values are from 1 to 12.
Opers./Procs.	F5.1	Operation 1 End Day	OP1E_D_D	Day operation 1 was finished. Valid values are from 1 to 31.
Opers./Procs.	F5.1	Operation 1 End Year	OP1E_D_Y	Year operation 1 was finished. Valid values are from 1980 to 2099.
Opers./Procs.	F5.1	Operation 1 End Time	OP1E_TIME	Time operation 1 was finished.
Opers./Procs.	F5.1	Operation 1 Hour of End Time	OP1E_T_H	Hour operation 1 was finished. Valid values are from 0 to 23.
Opers./Procs.	F5.1	Operation 1 Minutes of End Time	OP1E_T_M	Minutes portion of time operation 1 was finished. Valid values are from 0 to 59.
Opers./Procs.	F5.1	Operation 1 Surgeon ID	OP1_SURG	User-defined ID number of the primary operating surgeon for operation 1. Values vary by hospital.
Opers./Procs.	F5.1	Operation 1 Procedure 1	OP1_PROC1	1 <sup>st</sup> of up to 10 operative procedures for operation 1, using standard ICD-9-CM Procedure coding – <a href="#">Appendix IV</a>
Opers./Procs.	F5.1	Operation 1 Procedure 2	OP1_PROC2	2 <sup>nd</sup> operative procedure for operation 1, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.1	Operation 1 Procedure 3	OP1_PROC3	3 <sup>rd</sup> operative procedure for operation 1, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.1	Operation 1 Procedure 4	OP1_PROC4	4 <sup>th</sup> operative procedure for operation 1, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.1	Operation 1 Procedure 5	OP1_PROC5	5 <sup>th</sup> operative procedure for operation 1, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.1	Operation 1 Procedure 6	OP1_PROC6	6 <sup>th</sup> operative procedure for operation 1, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.1	Operation 1 Procedure 7	OP1_PROC7	7 <sup>th</sup> operative procedure for operation 1, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.1	Operation 1 Procedure 8	OP1_PROC8	8 <sup>th</sup> operative procedure for operation 1, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.1	Operation 1 Procedure 9	OP1_PROC9	9 <sup>th</sup> operative procedure for operation 1, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.1	Operation 1 Procedure 10	OP1_PROC10	10 <sup>th</sup> operative procedure for operation 1, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.1	Operation 1 Disposition	OP1_DISP	Operation 1 disposition. Refers to the disposition of the patient following post-anesthesia recovery (PAR).  01 = OR 02 = Ward/Floor 04 = ICU/CCU 05 = Short Stay/Discharged, (e.g. ambulatory treatment unit, observation unit, <24 hour unit) 06 = Expired (Died) 07 = Other In-House 08 = Other (Out of Facility) 09 = Other Acute Care Facility 10 = Peds 11 = Peds, ICU 12 = Progressive Care Unit (e.g., stepdown, telemetry, monitored unit) 13 = Home 14 = Jail, Police Custody

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Section	Screen	Data Element Description	Collector Data Name	Definition
				‘U’ Unknown ‘/’ Not applicable
Opers./Procs.	F5.2	Operation 2 Arrival Date	OP2A_DATE	Date the patient arrived in the surgical suite for operation 2.
Opers./Procs.	F5.2	Operation 2 Arrival Month	OP2A_D_M	Month the patient arrived in the surgical suite for operation 2. Valid values are from 1 to 12.
Opers./Procs.	F5.2	Operation 2 Arrival Day	OP2A_D_D	Day the patient arrived in the surgical suite for operation 2. Valid values are from 1 to 31.
Opers./Procs.	F5.2	Operation 2 Arrival Year	OP2A_D_Y	Year the patient arrived in the surgical suite for operation 2. Valid values are from 1980 to 2099.
Opers./Procs.	F5.2	Operation 2 Arrival Time	OP2A_TIME	Time that the patient arrived in the surgical suite for operation 2.
Opers./Procs.	F5.2	Operation 2 Hour of Arrival Time	OP2A_T_H	Hour that the patient arrived in the surgical suite for operation 2. Valid values are from 0 to 23.
Opers./Procs.	F5.2	Operation 2 Minutes of Arrival Time	OP2A_T_M	Minutes portion of time that the patient arrived in the surgical suite for operation 2. Valid values are from 0 to 59.
Opers./Procs.	F5.2	Operation 2 Start Date	OP2S_DATE	Date operation 2 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).
Opers./Procs.	F5.2	Operation 2 Start Month	OP2S_D_M	Month operation 2 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Opers./Procs.	F5.2	Operation 2 Start Day	OP2S_D_D	Day that operation 2 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Opers./Procs.	F5.2	Operation 2 Start Year	OP2S_D_Y	Year operation 2 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Opers./Procs.	F5.2	Operation 2 Start Time	OP2S_TIME	Time operation 2 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).
Opers./Procs.	F5.2	Operation 2 Hour of Start Time	OP2S_T_H	Hour operation 2 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 0 and 23.
Opers./Procs.	F5.2	Operation 2 Minutes of Start Time	OP2S_T_M	Minutes portion of the time operation 2 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 0 to 59.
Opers./Procs.	F5.2	Operation 2 End Date	OP2E_DATE	Date operation 2 was finished.
Opers./Procs.	F5.2	Operation 2 End Month	OP2E_D_M	Month operation 2 was finished. Valid values are from 1 to 12.
Opers./Procs.	F5.2	Operation 2 End Day	OP2E_D_D	Day operation 2 was finished. Valid values are from 1 to 31.
Opers./Procs.	F5.2	Operation 2 End Year	OP2E_D_Y	Year operation 2 was finished. Valid values are from 1980 to 2099.
Opers./Procs.	F5.2	Operation 2 End Time	OP2E_TIME	Time operation 2 was finished.
Opers./Procs.	F5.2	Operation 2 Hour of End Time	OP2E_T_H	Hour operation 2 was finished. Valid values are from 0 to 23.
Opers./Procs.	F5.2	Operation 2 Minutes of End Time	OP2E_T_M	Minutes portion of time operation 2 was finished. Valid values are from 0 to 59.
Opers./Procs.	F5.2	Operation 2 Surgeon ID	OP2_SURG	User-defined ID number of the primary operating surgeon for operation 2. Values vary by hospital.
Opers./Procs.	F5.2	Operation 2 Procedure 1	OP2_PROC1	1 <sup>st</sup> operative procedure for operation 2, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.

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Opers./Procs.	F5.2	Operation 2 Procedure 2	OP2_PROC2	2 <sup>nd</sup> operative procedure for operation 2, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.2	Operation 2 Procedure 3	OP2_PROC3	3 <sup>rd</sup> operative procedure for operation 2, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.2	Operation 2 Procedure 4	OP2_PROC4	4 <sup>th</sup> operative procedure for operation 2, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.2	Operation 2 Procedure 5	OP2_PROC5	5 <sup>th</sup> operative procedure for operation 2, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.2	Operation 2 Procedure 6	OP2_PROC6	6 <sup>th</sup> operative procedure for operation 2, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.2	Operation 2 Procedure 7	OP2_PROC7	7 <sup>th</sup> operative procedure for operation 2, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.2	Operation 2 Procedure 8	OP2_PROC8	8 <sup>th</sup> operative procedure for operation 2, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.2	Operation 2 Procedure 9	OP2_PROC9	9 <sup>th</sup> operative procedure for operation 2, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.2	Operation 2 Procedure 10	OP2_PROC10	10 <sup>th</sup> operative procedure for operation 2, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.2	Operation 2 Disposition	OP2_DISP	Operation 2 disposition. Refers to the disposition of the patient following post-anesthesia recovery (PAR). See OP1_DISP for values.
Opers./Procs.	F5.3	Operation 3 Arrival Date	OP3A_DATE	Date the patient arrived in the surgical suite for operation 3.
Opers./Procs.	F5.3	Operation 3 Arrival Month	OP3A_D_M	Month the patient arrived in the surgical suite for operation 3. Valid values are from 1 to 12.
Opers./Procs.	F5.3	Operation 3 Arrival Day	OP3A_D_D	Day the patient arrived in the surgical suite for operation 3. Valid values are from 1 to 31.
Opers./Procs.	F5.3	Operation 3 Arrival Year	OP3A_D_Y	Year the patient arrived in the surgical suite for operation 3. Valid values are from 1980 to 2099.
Opers./Procs.	F5.3	Operation 3 Arrival Time	OP3A_TIME	Time that the patient arrived in the surgical suite for operation 3.
Opers./Procs.	F5.3	Operation 3 Hour of Arrival Time	OP3A_T_H	Hour that the patient arrived in the surgical suite for operation 3. Valid values are from 0 to 23.
Opers./Procs.	F5.3	Operation 3 Minutes of Arrival Time	OP3A_T_M	Minutes portion of time that the patient arrived in the surgical suite for operation 3. Valid values are from 0 to 59.
Opers./Procs.	F5.3	Operation 3 Start Date	OP3S_DATE	Date operation 3 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).
Opers./Procs.	F5.3	Operation 3 Start Month	OP3S_D_M	Month operation 3 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Opers./Procs.	F5.3	Operation 3 Start Day	OP3S_D_D	Day that operation 3 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Opers./Procs.	F5.3	Operation 3 Start Year	OP3S_D_Y	Year operation 3 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Opers./Procs.	F5.3	Operation 3 Start Time	OP3S_TIME	Time operation 3 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).
Opers./Procs.	F5.3	Operation 3 Hour of Start Time	OP3S_T_H	Hour operation 3 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 0 and 23.
Opers./Procs.	F5.3	Operation 3 Minutes of Start Time	OP3S_T_M	Minutes portion of the time operation 3 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 0 to 59.
Opers./Procs.	F5.3	Operation 3 End Date	OP3E_DATE	Date operation 3 was finished.

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Opers./Procs.	F5.3	Operation 3 End Month	OP3E_D_M	Month operation 3 was finished. Valid values are from 1 to 12.
Opers./Procs.	F5.3	Operation 3 End Day	OP3E_D_D	Day operation 3 was finished. Valid values are from 1 to 31.
Opers./Procs.	F5.3	Operation 3 End Year	OP3E_D_Y	Year operation 3 was finished. Valid values are from 1980 to 2099.
Opers./Procs.	F5.3	Operation 3 End Time	OP3E_TIME	Time operation 3 was finished.
Opers./Procs.	F5.3	Operation 3 Hour of End Time	OP3E_T_H	Hour operation 3 was finished. Valid values are from 0 to 23.
Opers./Procs.	F5.3	Operation 3 Minutes of End Time	OP3E_T_M	Minutes portion of time operation 3 was finished. Valid values are from 0 to 59.
Opers./Procs.	F5.3	Operation 3 Surgeon ID	OP3_SURG	User-defined ID number of the primary operating surgeon for operation 3. Values vary by hospital.
Opers./Procs.	F5.3	Operation 3 Procedure 1	OP3_PROC1	1 <sup>st</sup> operative procedure for operation 3, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.3	Operation 3 Procedure 2	OP3_PROC2	2 <sup>nd</sup> operative procedure for operation 3, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.3	Operation 3 Procedure 3	OP3_PROC3	3 <sup>rd</sup> operative procedure for operation 3, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.3	Operation 3 Procedure 4	OP3_PROC4	4 <sup>th</sup> operative procedure for operation 3, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.3	Operation 3 Procedure 5	OP3_PROC5	5 <sup>th</sup> operative procedure for operation 3, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.3	Operation 3 Procedure 6	OP3_PROC6	6 <sup>th</sup> operative procedure for operation 3, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.3	Operation 3 Procedure 7	OP3_PROC7	7 <sup>th</sup> operative procedure for operation 3, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.3	Operation 3 Procedure 8	OP3_PROC8	8 <sup>th</sup> operative procedure for operation 3, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.3	Operation 3 Procedure 9	OP3_PROC9	9 <sup>th</sup> operative procedure for operation 3, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.3	Operation 3 Procedure 10	OP3_PROC10	10 <sup>th</sup> operative procedure for operation 3, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.3	Operation 3 Disposition	OP3_DISP	Operation 3 disposition. Refers to the disposition of the patient following post-anesthesia recovery (PAR). See OP1_DISP for values.
Opers./Procs.	F5.4	Operation 4 Arrival Date	OP4A_DATE	Date the patient arrived in the surgical suite for operation 4.
Opers./Procs.	F5.4	Operation 4 Arrival Month	OP4A_D_M	Month the patient arrived in the surgical suite for operation 4. Valid values are from 1 to 12.
Opers./Procs.	F5.4	Operation 4 Arrival Day	OP4A_D_D	Day the patient arrived in the surgical suite for operation 4. Valid values are from 1 to 31.
Opers./Procs.	F5.4	Operation 4 Arrival Year	OP4A_D_Y	Year the patient arrived in the surgical suite for operation 4. Valid values are from 1980 to 2099.
Opers./Procs.	F5.4	Operation 4 Arrival Time	OP4A_TIME	Time that the patient arrived in the surgical suite for operation 4.
Opers./Procs.	F5.4	Operation 4 Hour of Arrival Time	OP4A_T_H	Hour that the patient arrived in the surgical suite for operation 4. Valid values are from 0 to 23.
Opers./Procs.	F5.4	Operation 4 Minutes of Arrival Time	OP4A_T_M	Minutes portion of time that the patient arrived in the surgical suite for operation 4. Valid values are from 0 to 59.
Opers./Procs.	F5.4	Operation 4 Start Date	OP4S_DATE	Date operation 4 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).

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Section	Screen	Data Element Description	Collector Data Name	Definition
Opers./Procs.	F5.4	Operation 4 Start Month	OP4S_D_M	Month operation 4 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Opers./Procs.	F5.4	Operation 4 Start Day	OP4S_D_D	Day that operation 4 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Opers./Procs.	F5.4	Operation 4 Start Year	OP4S_D_Y	Year operation 4 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Opers./Procs.	F5.4	Operation 4 Start Time	OP4S_TIME	Time operation 4 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).
Opers./Procs.	F5.4	Operation 4 Hour of Start Time	OP4S_T_H	Hour operation 4 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 0 and 23.
Opers./Procs.	F5.4	Operation 4 Minutes of Start Time	OP4S_T_M	Minutes portion of the time operation 4 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 0 to 59.
Opers./Procs.	F5.4	Operation 4 End Date	OP4E_DATE	Date operation 4 was finished.
Opers./Procs.	F5.4	Operation 4 End Month	OP4E_D_M	Month operation 4 was finished. Valid values are from 1 to 12.
Opers./Procs.	F5.4	Operation 4 End Day	OP4E_D_D	Day operation 4 was finished. Valid values are from 1 to 31.
Opers./Procs.	F5.4	Operation 4 End Year	OP4E_D_Y	Year operation 4 was finished. Valid values are from 1980 to 2099.
Opers./Procs.	F5.4	Operation 4 End Time	OP4E_TIME	Time operation 4 was finished.
Opers./Procs.	F5.4	Operation 4 Hour of End Time	OP4E_T_H	Hour operation 4 was finished. Valid values are from 0 to 23.
Opers./Procs.	F5.4	Operation 4 Minutes of End Time	OP4E_T_M	Minutes portion of time operation 4 was finished. Valid values are from 0 to 59.
Opers./Procs.	F5.4	Operation 4 Surgeon ID	OP4_SURG	User-defined ID number of the primary operating surgeon for operation 4. Values vary by hospital.
Opers./Procs.	F5.4	Operation 4 Procedure 1	OP4_PROC1	1 <sup>st</sup> operative procedure for operation 4, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.4	Operation 4 Procedure 2	OP4_PROC2	2 <sup>nd</sup> operative procedure for operation 4, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.4	Operation 4 Procedure 3	OP4_PROC3	3 <sup>rd</sup> operative procedure for operation 4, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.4	Operation 4 Procedure 4	OP4_PROC4	4 <sup>th</sup> operative procedure for operation 4, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.4	Operation 4 Procedure 5	OP4_PROC5	5 <sup>th</sup> operative procedure for operation 4, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.4	Operation 4 Procedure 6	OP4_PROC6	6 <sup>th</sup> operative procedure for operation 4, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.4	Operation 4 Procedure 7	OP4_PROC7	7 <sup>th</sup> operative procedure for operation 4, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.4	Operation 4 Procedure 8	OP4_PROC8	8 <sup>th</sup> operative procedure for operation 4, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.4	Operation 4 Procedure 9	OP4_PROC9	9 <sup>th</sup> operative procedure for operation 4, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.4	Operation 4 Procedure 10	OP4_PROC10	10 <sup>th</sup> operative procedure for operation 4, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.4	Operation 4 Disposition	OP4_DISP	Operation 4 disposition. Refers to the disposition of the patient following post-anesthesia recovery (PAR). See OP1_DISP for values.
Opers./Procs.	F5.5	Operation 5	OP5A_DATE	Date the patient arrived in the surgical suite for operation 5.

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Section	Screen	Data Element Description	Collector Data Name	Definition
		Arrival Date		
Opers./Procs.	F5.5	Operation 5 Arrival Month	OP5A_D_M	Month the patient arrived in the surgical suite for operation 5. Valid values are from 1 to 12.
Opers./Procs.	F5.5	Operation 5 Arrival Day	OP5A_D_D	Day the patient arrived in the surgical suite for operation 5. Valid values are from 1 to 31.
Opers./Procs.	F5.5	Operation 5 Arrival Year	OP5A_D_Y	Year the patient arrived in the surgical suite for operation 5. Valid values are from 1980 to 2099.
Opers./Procs.	F5.5	Operation 5 Arrival Time	OP5A_TIME	Time that the patient arrived in the surgical suite for operation 5.
Opers./Procs.	F5.5	Operation 5 Hour of Arrival Time	OP5A_T_H	Hour that the patient arrived in the surgical suite for operation 5. Valid values are from 0 to 23.
Opers./Procs.	F5.5	Operation 5 Minutes of Arrival Time	OP5A_T_M	Minutes portion of time that the patient arrived in the surgical suite for operation 5. Valid values are from 0 to 59.
Opers./Procs.	F5.5	Operation 5 Start Date	OP5S_DATE	Date operation 5 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).
Opers./Procs.	F5.5	Operation 5 Start Month	OP5S_D_M	Month operation 5 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Opers./Procs.	F5.5	Operation 5 Start Day	OP5S_D_D	Day that operation 5 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Opers./Procs.	F5.5	Operation 5 Start Year	OP5S_D_Y	Year operation 5 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Opers./Procs.	F5.5	Operation 5 Start Time	OP5S_TIME	Time operation 5 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).
Opers./Procs.	F5.5	Operation 5 Hour of Start Time	OP5S_T_H	Hour operation 5 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 0 and 23.
Opers./Procs.	F5.5	Operation 5 Minutes of Start Time	OP5S_T_M	Minutes portion of the time operation 5 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 0 to 59.
Opers./Procs.	F5.5	Operation 5 End Date	OP5E_DATE	Date operation 5 was finished.
Opers./Procs.	F5.5	Operation 5 End Month	OP5E_D_M	Month operation 5 was finished. Valid values are from 1 to 12.
Opers./Procs.	F5.5	Operation 5 End Day	OP5E_D_D	Day operation 5 was finished. Valid values are from 1 to 31.
Opers./Procs.	F5.5	Operation 5 End Year	OP5E_D_Y	Year operation 5 was finished. Valid values are from 1980 to 2099.
Opers./Procs.	F5.5	Operation 5 End Time	OP5E_TIME	Time operation 5 was finished.
Opers./Procs.	F5.5	Operation 5 Hour of End Time	OP5E_T_H	Hour operation 5 was finished. Valid values are from 0 to 23.
Opers./Procs.	F5.5	Operation 5 Minutes of End Time	OP5E_T_M	Minutes portion of time operation 5 was finished. Valid values are from 0 to 59.
Opers./Procs.	F5.5	Operation 5 Surgeon ID	OP5_SURG	User-defined ID number of the primary operating surgeon for operation 5. Values vary by hospital.
Opers./Procs.	F5.5	Operation 5 Procedure 1	OP5_PROC1	1 <sup>st</sup> operative procedure for operation 5, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.5	Operation 5	OP5_PROC2	2 <sup>nd</sup> operative procedure for operation 5, using standard ICD-9-CM Procedure

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Section	Screen	Data Element Description	Collector Data Name	Definition
		Procedure 2		coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.5	Operation 5 Procedure 3	OP5_PROC3	3 <sup>rd</sup> operative procedure for operation 5, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.5	Operation 5 Procedure 4	OP5_PROC4	4 <sup>th</sup> operative procedure for operation 5, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.5	Operation 5 Procedure 5	OP5_PROC5	5 <sup>th</sup> operative procedure for operation 5, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.5	Operation 5 Procedure 6	OP5_PROC6	6 <sup>th</sup> operative procedure for operation 5, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.5	Operation 5 Procedure 7	OP5_PROC7	7 <sup>th</sup> operative procedure for operation 5, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.5	Operation 5 Procedure 8	OP5_PROC8	8 <sup>th</sup> operative procedure for operation 5, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.5	Operation 5 Procedure 9	OP5_PROC9	9 <sup>th</sup> operative procedure for operation 5, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.5	Operation 5 Procedure 10	OP5_PROC10	10 <sup>th</sup> operative procedure for operation 5, using standard ICD-9-CM Procedure coding. See Operation 1 Procedure 1 (OP1_PROC1) for values.
Opers./Procs.	F5.5	Operation 5 Disposition	OP5_DISP	Operation 5 disposition. Refers to the disposition of the patient following post-anesthesia recovery (PAR). See OP1_DISP for values.
Opers./Procs.	F5.6	Abdominal Surgery Performed Late	ABD_SURG	Indicates whether abdominal surgery was performed > 24 hours after arrival, if applicable. Enter “1” if no abdominal surgery was performed. 1 = Yes 2 = No
Opers./Procs.	F5.6	Thoracic Surgery Performed Late	THRC_SURG	Indicates whether thoracic surgery was performed > 24 hours after arrival, if applicable. Enter “1” if no thoracic surgery was performed. 1 = Yes 2 = No
Opers./Procs.	F5.6	Vascular Surgery Performed Late	VASC_SURG	Indicates whether vascular surgery was performed > 24 hours after arrival, if applicable. Enter “1” if no vascular surgery was performed. 1 = Yes 2 = No
Opers./Procs.	F5.6	Cranial Surgery Performed Late	CRAN_SURG	Indicates whether cranial surgery was performed > 24 hours after arrival, if applicable. Enter “1” if no cranial surgery was performed. 1 = Yes 2 = No
Opers./Procs.	F5.6	Unplanned Return To OR	UNPLAND_OR	Indicates whether there was an unplanned return to OR within 48 hours of admission. If ‘yes’, the body region of the operation must also be entered. See also BODY_REG. 1 = Yes 2 = No
Opers./Procs.	F5.6	Body Region of Operation	BODY_REG	Indicates what region of the body in which an unplanned operation was performed. See also UNPLAND_OR. 1 = Vascular 2 = Abdominal 3 = Orthopedic 4 = Neurologic 5 = Thoracic 6 = Other
Opers./Procs.	F5.7	OR Memo	NOTES_OR	Ten lines designated for a description of patient’s OR information.
Other Procedures	F6.1	Other In-House Procedure 1	PR_01_PR	1 <sup>st</sup> of up to 10 Other In-House Procedures, using standard ICD-9-CM Procedure coding. <a href="#">Appendix IV</a>
Other Procedures	F6.1	Other In-House Procedure 1	PR_01_LC	Location of Other In-House Procedure 1. 01 = ICU/CCU 02 = Ward/Floor

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Section	Screen	Data Element Description	Collector Data Name	Definition
		Location		03 = Radiology/Angiography 04 = Special Procedure Unit 05 = Short Stay Unit 06 = Pediatrics 07 = Pediatrics ICU 08 = Progressive Care Unit 09 = Other In-house Location (excluding OR) 'U' Unknown '/' Not applicable
Other Procedures	F6.1	Other In-House Procedure 1 Start Date	PR_01_S_DATE	Date Other In-House Procedure 1 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Format is MM/DD/YYYY.
Other Procedures	F6.1	Other In-House Procedure 1 Start Month	PR_01_S_DM	Month Other In-House Procedure 1 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Other Procedures	F6.1	Other In-House Procedure 1 Start Day	PR_01_S_DD	Day Other In-House Procedure 1 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Other Procedures	F6.1	Other In-House Procedure 1 Start Year	PR_01_S_DY	Year Other In-House Procedure 1 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Other Procedures	F6.1	Other In-House Procedure 2	PR_02_PR	2 <sup>nd</sup> of up to 10 Other In-House Procedures, using standard ICD-9-CM Procedure coding. See Other In-House Procedure 1 (PR_01_PR) for values.
Other Procedures	F6.1	Other In-House Procedure 2 Location	PR_02_LC	Location of Other In-House Procedure 2. See Other In-House Procedure 1 Location (PR_01_LC) for values.
Other Procedures	F6.1	Other In-House Procedure 2 Start Date	PR_02_S_DATE	Date Other In-House Procedure 2 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Format is MM/DD/YYYY.
Other Procedures	F6.1	Other In-House Procedure 2 Start Month	PR_02_S_DM	Month Other In-House Procedure 2 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Other Procedures	F6.1	Other In-House Procedure 2 Start Day	PR_02_S_DD	Day Other In-House Procedure 2 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Other Procedures	F6.1	Other In-House Procedure 2 Start Year	PR_02_S_DY	Year Other In-House Procedure 2 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Other Procedures	F6.1	Other In-House Procedure 3	PR_03_PR	3 <sup>rd</sup> of up to 10 Other In-House Procedures, using standard ICD-9-CM Procedure coding. See Other In-House Procedure 1 (PR_01_PR) for values.
Other Procedures	F6.1	Other In-House Procedure 3 Location	PR_03_LC	Location of Other In-House Procedure 3. See Other In-House Procedure 1 Location (PR_01_LC) for values.
Other Procedures	F6.1	Other In-House Procedure 3	PR_03_S_DATE	Date Other In-House Procedure 3 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Format is MM/DD/YYYY.

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Section	Screen	Data Element Description	Collector Data Name	Definition
		Start Date		
Other Procedures	F6.1	Other In-House Procedure 3 Start Month	PR_03_S_DM	Month Other In-House Procedure 3 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Other Procedures	F6.1	Other In-House Procedure 3 Start Day	PR_03_S_DD	Day Other In-House Procedure 3 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Other Procedures	F6.1	Other In-House Procedure 3 Start Year	PR_03_S_DY	Year Other In-House Procedure 3 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Other Procedures	F6.1	Other In-House Procedure 4	PR_04_PR	4 <sup>th</sup> of up to 10 Other In-House Procedures, using standard ICD-9-CM Procedure coding. See Other In-House Procedure 1 (PR_01_PR) for values.
Other Procedures	F6.1	Other In-House Procedure 4 Location	PR_04_LC	Location of Other In-House Procedure 4. See Other In-House Procedure 1 Location (PR_01_LC) for values.
Other Procedures	F6.1	Other In-House Procedure 4 Start Date	PR_04_S_DATE	Date Other In-House Procedure 4 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Format is MM/DD/YYYY.
Other Procedures	F6.1	Other In-House Procedure 4 Start Month	PR_04_S_DM	Month Other In-House Procedure 4 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Other Procedures	F6.1	Other In-House Procedure 4 Start Day	PR_04_S_DD	Day Other In-House Procedure 4 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Other Procedures	F6.1	Other In-House Procedure 4 Start Year	PR_04_S_DY	Year Other In-House Procedure 4 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Other Procedures	F6.1	Other In-House Procedure 5	PR_05_PR	5 <sup>th</sup> of up to 10 Other In-House Procedures, using standard ICD-9-CM Procedure coding. See Other In-House Procedure 1 (PR_01_PR) for values.
Other Procedures	F6.1	Other In-House Procedure 5 Location	PR_05_LC	Location of Other In-House Procedure 5. See Other In-House Procedure 1 Location (PR_01_LC) for values.
Other Procedures	F6.1	Other In-House Procedure 5 Start Date	PR_05_S_DATE	Date Other In-House Procedure 5 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Format is MM/DD/YYYY.
Other Procedures	F6.1	Other In-House Procedure 5 Start Month	PR_05_S_DM	Month Other In-House Procedure 5 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Other Procedures	F6.1	Other In-House Procedure 5 Start Day	PR_05_S_DD	Day Other In-House Procedure 5 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Other Procedures	F6.1	Other In-House Procedure 5	PR_05_S_DY	Year Other In-House Procedure 5 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.

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Section	Screen	Data Element Description	Collector Data Name	Definition
		Start Year		
Other Procedures	F6.1	Other In-House Procedure 6	PR_06_PR	6 <sup>th</sup> of up to 10 Other In-House Procedures, using standard ICD-9-CM Procedure coding. See Other In-House Procedure 1 (PR_01_PR) for values.
Other Procedures	F6.1	Other In-House Procedure 6 Location	PR_06_LC	Location of Other In-House Procedure 6. See Other In-House Procedure 1 Location (PR_01_LC) for values.
Other Procedures	F6.1	Other In-House Procedure 6 Start Date	PR_06_S_DATE	Date Other In-House Procedure 6 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Format is MM/DD/YYYY.
Other Procedures	F6.1	Other In-House Procedure 6 Start Month	PR_06_S_DM	Month Other In-House Procedure 6 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Other Procedures	F6.1	Other In-House Procedure 6 Start Day	PR_06_S_DD	Day Other In-House Procedure 6 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Other Procedures	F6.1	Other In-House Procedure 6 Start Year	PR_06_S_DY	Year Other In-House Procedure 6 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Other Procedures	F6.1	Other In-House Procedure 7	PR_07_PR	7 <sup>th</sup> of up to 10 Other In-House Procedures, using standard ICD-9-CM Procedure coding. See Other In-House Procedure 1 (PR_01_PR) for values.
Other Procedures	F6.1	Other In-House Procedure 7 Location	PR_07_LC	Location of Other In-House Procedure 7. See Other In-House Procedure 1 Location (PR_01_LC) for values.
Other Procedures	F6.1	Other In-House Procedure 7 Start Date	PR_07_S_DATE	Date Other In-House Procedure 7 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Format is MM/DD/YYYY.
Other Procedures	F6.1	Other In-House Procedure 7 Start Month	PR_07_S_DM	Month Other In-House Procedure 7 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Other Procedures	F6.1	Other In-House Procedure 7 Start Day	PR_07_S_DD	Day Other In-House Procedure 7 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Other Procedures	F6.1	Other In-House Procedure 7 Start Year	PR_07_S_DY	Year Other In-House Procedure 7 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Other Procedures	F6.1	Other In-House Procedure 8	PR_08_PR	8 <sup>th</sup> of up to 10 Other In-House Procedures, using standard ICD-9-CM Procedure coding. See Other In-House Procedure 1 (PR_01_PR) for values.
Other Procedures	F6.1	Other In-House Procedure 8 Location	PR_08_LC	Location of Other In-House Procedure 8. See Other In-House Procedure 1 Location (PR_01_LC) for values.
Other Procedures	F6.1	Other In-House	PR_08_S_DATE	Date Other In-House Procedure 8 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).

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Section	Screen	Data Element Description	Collector Data Name	Definition
		Procedure 8 Start Date		Format is MM/DD/YYYY.
Other Procedures	F6.1	Other In-House Procedure 8 Start Month	PR_08_S_DM	Month Other In-House Procedure 8 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Other Procedures	F6.1	Other In-House Procedure 8 Start Day	PR_08_S_DD	Day Other In-House Procedure 8 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Other Procedures	F6.1	Other In-House Procedure 8 Start Year	PR_08_S_DY	Year Other In-House Procedure 8 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Other Procedures	F6.1	Other In-House Procedure 9	PR_09_PR	9 <sup>th</sup> of up to 10 Other In-House Procedures, using standard ICD-9-CM Procedure coding. See Other In-House Procedure 1 (PR_01_PR) for values.
Other Procedures	F6.1	Other In-House Procedure 9 Location	PR_09_LC	Location of Other In-House Procedure 9. See Other In-House Procedure 1 Location (PR_01_LC) for values.
Other Procedures	F6.1	Other In-House Procedure 9 Start Date	PR_09_S_DATE	Date Other In-House Procedure 9 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Format is MM/DD/YYYY.
Other Procedures	F6.1	Other In-House Procedure 9 Start Month	PR_09_S_DM	Month Other In-House Procedure 9 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Other Procedures	F6.1	Other In-House Procedure 9 Start Day	PR_09_S_DD	Day Other In-House Procedure 9 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Other Procedures	F6.1	Other In-House Procedure 9 Start Year	PR_09_S_DY	Year Other In-House Procedure 9 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1980 to 2099.
Other Procedures	F6.1	Other In-House Procedure 10	PR_10_PR	10 <sup>th</sup> of up to 10 Other In-House Procedures, using standard ICD-9-CM Procedure coding. See Other In-House Procedure 1 (PR_01_PR) for values.
Other Procedures	F6.1	Other In-House Procedure 10 Location	PR_10_LC	Location of Other In-House Procedure 10. See Other In-House Procedure 1 Location (PR_01_LC) for values.
Other Procedures	F6.1	Other In-House Procedure 10 Start Date	PR_10_S_DATE	Date Other In-House Procedure 10 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Format is MM/DD/YYYY.
Other Procedures	F6.1	Other In-House Procedure 10 Start Month	PR_10_S_DM	Month Other In-House Procedure 10 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 12.
Other Procedures	F6.1	Other In-House Procedure 10 Start Day	PR_10_S_DD	Day Other In-House Procedure 10 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia). Valid values are from 1 to 31.
Other Procedures	F6.1	Other In-House	PR_10_S_DY	Year Other In-House Procedure 10 started. An operation includes all the procedures performed during one session of anesthesia (but excluding pre-operative anesthesia).

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		Procedure 10 Start Year		Valid values are from 1980 to 2099.
ICU Data	F7.1	<b>Patient Admitted To ICU</b>	ICU_ADMIT	<b>Indicates whether the patient was admitted to the ICU.</b> 1 = Yes 2 = No <b>Note: ‘/’ Not Applicable or ‘U’ Unknown should not be used in this field.</b>
ICU Data	F7.1	<b>Patient Readmitted to ICU</b>	ICU_READM	<b>Indicates whether the patient was readmitted to the ICU.</b> 1 = Yes 2 = No <b>Note: ‘/’ Not Applicable or ‘U’ Unknown should not be used in this field.</b>
ICU Data	F7.1	ICU Date of Admission	ICU1_DATE	Date that the patient was admitted to the ICU.
ICU Data	F7.1	ICU Month of Admission	ICU1_D_M	Month that the patient was admitted to the ICU. Valid values are from 1 to 12.
ICU Data	F7.1	ICU Day of Admission	ICU1_D_D	Day that the patient was admitted to the ICU. Valid values are from 1 to 31.
ICU Data	F7.1	ICU Year of Admission	ICU1_D_Y	Year that the patient was admitted to the ICU. Valid values are from 1980 to 2099.
ICU Data	F7.1	ICU Time of Admission	ICU1_TIME	Time that the patient was admitted to the ICU.
ICU Data	F7.1	ICU Hour of Admission	ICU1_T_H	Hour that the patient was admitted to the ICU. Valid values are from 0 to 23.
ICU Data	F7.1	ICU Minutes of Admission	ICU1_T_M	Minutes portion of the time that the patient was admitted to the ICU. Valid values are from 0 to 59.
ICU Data	F7.1	ICU Date of Discharge	ICU1D_DATE	Date that the patient was discharged from the ICU.
ICU Data	F7.1	ICU Month of Discharge	ICU1D_D_M	Month that the patient was discharged from the ICU. Valid values are from 1 to 12.
ICU Data	F7.1	ICU Day of Discharge	ICU1D_D_D	Day that the patient was discharged from the ICU. Valid values are from 1 to 31.
ICU Data	F7.1	ICU Year of Discharge	ICU1D_D_Y	Year that the patient was discharged from the ICU. Valid values are from 1980 to 2099.
ICU Data	F7.1	ICU Time of Discharge	ICU1D_TIME	Time that the patient was discharged from the ICU.
ICU Data	F7.1	ICU Hour of Discharge	ICU1D_T_H	Hour that the patient was discharged from the ICU. Valid values are from 0 to 23.
ICU Data	F7.1	ICU Minutes of Discharge	ICU1D_T_M	Minutes portion of the time that the patient was discharged from the ICU. Valid values are from 0 to 59.
ICU Data	F7.1	ICU Disposition	TRANSF_TO1	The destination code of the patient after discharge from the primary ICU stay. . This field is user-defined and may vary by hospital.
ICU Data	F7.1	ICU Disposition if Other	TRANSF_O1	The description of the patient's destination, after discharge from the primary ICU stay, if not listed in the ICU disposition field.
ICU Data	F7.1	ICU Date of Readmission	ICU2_DATE	Date that the patient was readmitted to the ICU.
ICU Data	F7.1	ICU Month of Readmission	ICU2_D_M	Month that the patient was readmitted to the ICU. Valid values are from 1 to 12.
ICU Data	F7.1	ICU Day of Readmission	ICU2_D_D	Day that the patient was readmitted to the ICU. Valid values are from 1 to 31.
ICU Data	F7.1	ICU Year of Readmission	ICU2_D_Y	Year that the patient was readmitted to the ICU. Valid values are from 1980 to 2099.
ICU Data	F7.1	ICU Time of Readmission	ICU2_TIME	Time that the patient was readmitted to the ICU.
ICU Data	F7.1	ICU Hour of Readmission	ICU2_T_H	Hour that the patient was readmitted to the ICU. Valid values are from 0 to 23.
ICU Data	F7.1	ICU Minutes	ICU2_T_M	Minutes portion of the time that the patient was readmitted to the ICU. Valid values are

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		of Readmission		from 0 to 59.
ICU Data	F7.1	ICU Date of Readmission Discharge	ICU2D_DATE	Date that the patient was discharged from readmission to the ICU.
ICU Data	F7.1	ICU Month of Readmission Discharge	ICU2D_D_M	Month that the patient was discharged from readmission to the ICU. Valid values are from 1 to 12.
ICU Data	F7.1	ICU Day of Readmission Discharge	ICU2D_D_D	Day that the patient was discharged from readmission to the ICU. Valid values are from 1 to 31.
ICU Data	F7.1	ICU Year of Readmission Discharge	ICU2D_D_Y	Year that the patient was discharged from readmission to the ICU. Valid values are from 1980 to 2099.
ICU Data	F7.1	ICU Time of Readmission Discharge	ICU2D_TIME	Time that the patient was discharged from readmission to the ICU.
ICU Data	F7.1	ICU Hour of Readmission Discharge	ICU2D_T_H	Hour that the patient was discharged from readmission to the ICU. Valid values are from 0 to 23.
ICU Data	F7.1	ICU Minutes of Readmission Discharge	ICU2D_T_M	Minutes portion of the time that the patient was discharged from readmission to the ICU. Valid values are from 0 to 59.
ICU Data	F7.1	ICU Readmission Disposition	TRANSF_TO2	The destination code of the patient after discharge from the readmission ICU stay. This field is user-defined and may vary by hospital
ICU Data	F7.1	ICU Readmission Disposition if Other	TRANSF_O2	The description of the patient’s destination after discharge from the readmission ICU stay, if not listed in the ICU readmission disposition field
ICU Data	<b>F7.1</b>	<b>Days of Primary ICU Stay</b>	<b>PRIM_STAY</b>	<b>Number of days the patient spent during the primary ICU stay. This field is automatically entered by Collector if the date of primary ICU admission &amp; discharge are entered. If not, then the user must enter the number of days. This includes any critical care unit (e.g., ICU, CCU, burn unit, etc.). It does not include step-down or intermediate care units.</b> <b>Note: If a patient is sent to the OR or to other services with a plan to return to the ICU, then the ICU stay is counted as a single, contiguous stay.</b>
ICU Data	F7.1	Days of Primary ICU Stay Ventilator Days	PRIM_VDAYS <b>(12/17/2009)</b>	Number of days the patient spent on a ventilator during the primary ICU stay. This field is automatically entered by Collector if the date of primary ICU admission & discharge are entered. If not, then the user must enter the number of days. This includes any critical care unit (e.g., ICU, CCU, burn unit, etc.). It does not include step-down or intermediate care units. <b>Note: If a patient is sent to the OR or to other services with a plan to return to the ICU, then the ICU stay is counted as a single, contiguous stay.</b> <b>0 = patient was not admitted to an ICU.</b>
ICU Data	<b>F7.1</b>	<b>Days of ICU Readmission Stay</b>	<b>READ_STAY</b>	<b>Total number of days the patient spent during readmission ICU stays. If the patient had more than one readmission to the ICU, total all these days of readmission. This question is skipped if you have entered an N in the field prior.</b> <b>0 = patient was not readmitted to an ICU.</b>
ICU Data	F7.1	Days of ICU Readmission Stay Ventilator Days	READ_VDAYS <b>(12/17/2009)</b>	Total number of days the patient spent on a ventilator during readmission ICU stays. If the patient had more than one readmission to the ICU, total all these days of readmission.
ICU Data	F7.2	ICU Notes	NOTES_ICU	Ten lines designated for a description of patient’s ICU information.
Outcome	<b>F8.1</b>	<b>Complication 1</b>	<b>COMPLIC_1</b>	First of up to 10 medical complications that occurred during the patient’s care at this hospital. A complication is defined as a condition, documented by a physician, and arising after arrival as a result of patient treatment, or events occurring during the stay,

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				<p>that requires additional medical treatment, or affects the length of stay. Example: A hemothorax or a pneumothorax is commonly a result of the injury itself, but can also be secondary to a medical procedure. A hemo- or pneumothorax that is caused by the injury is not a complication. A hemo- or pneumothorax that develops as a result of a procedure is a complication and should be included here. Suspected exacerbation of a pre-existing medical diagnosis should not be coded as a complication unless documented by a physician that it is secondary to treatment or lack of treatment. A pre-existing medical diagnosis that does not exacerbate during this episode of care should be reported as a Pre-existing Condition (see Screen F4.2). Example: If patient with a dependency on alcohol arrives in alcohol withdrawal, do not report this as a complication here. Alcohol withdrawal that develops after patient arrival is a complication and should be included here. A respiratory arrest or cardiac arrest that results in death should not be reported as a complication—it is understood that death is always associated with respiratory and cardiac arrest. These arrests should not be reported as complications unless the patient was successfully resuscitated from the arrest.</p> <p><b>00 = None</b>  <b>01 = Evisceration or dehiscence</b>  <b>02 = Arterial Occlusion</b>  <b>03 = Thrombosis, central venous or deep vein</b>  <b>04 = Pulmonary Embolism</b>  <b>05 = Fat Embolism</b>  <b>06 = Acute Respiratory Distress Syndrome (ARDS)</b>  <b>07 = Pneumonia</b>  <b>08 = Respiratory Arrest</b>  <b>09 = Cardiac Arrest</b>  <b>10 = Congestive Heart Failure (CHF)</b>  <b>11 = Pulmonary Edema</b>  <b>12 = Major Arrhythmia</b>  <b>13 = Myocardial Infarction (MI)</b>  <b>14 = Coagulopathy or Disseminated Intravascular Coagulation (DIC)</b>  <b>15 = Compartment Syndrome</b>  <b>16 = Stroke (CVA)</b>  <b>17 = Emphysema</b>  <b>18 = GI Bleed or Stress Ulcer</b>  <b>19 = Hemothorax or Pneumothorax</b>  <b>20 = Inadvertent Enterotomy</b>  <b>21 = Intra-abdominal Abscess</b>  <b>22 = Liver Failure, Hepatic Dysfunction, Jaundice or Hyperbilirubinemia</b>  <b>23 = Pancreatitis</b>  <b>24 = Pressure Sore</b>  <b>25 = Renal Failure or Acute Tubular Necrosis (ATN)</b>  <b>26 = Sepsis</b>  <b>27 = Shock</b>  <b>28 = Meningitis</b>  <b>29 = Urinary Tract Infection (UTI)</b>  <b>30 = Wound Infection</b>  <b>31 = Hypothermia</b>  <b>32 = Alcohol or Drug Withdrawal</b>  <b>33 = Fracture, non-union</b>  <b>99 = Other</b>  <b>34 = Alteration from Pre-Injury Mental Status</b>  <b>35 = Anemia Secondary to Injury/Treatment</b>  <b>36 = Fever of Unknown Origin (FUO)</b>  <b>37 = Acute respiratory Failure</b>  <b>50-79 = Designated for user-defined complications</b></p>
Outcome	F8.1	Complication 2	COMPLIC_2	2 <sup>nd</sup> of up to 10 complications which are documented in the patient’s record for this stay. See Complication 1 (COMPLIC_1) for definition and values.
Outcome	F8.1	Complication 3	COMPLIC_3	3 <sup>rd</sup> of up to 10 complications which are documented in the patient’s record for this stay. See Complication 1 (COMPLIC_1) for definition and values.
Outcome	F8.1	Complication	COMPLIC_4	4 <sup>th</sup> of up to 10 complications which are documented in the patient’s record for this

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		4		stay. See Complication 1 (COMPLIC_1) for definition and values.
Outcome	F8.1	Complication 5	COMPLIC_5	5 <sup>th</sup> of up to 10 complications which are documented in the patient’s record for this stay. See Complication 1 (COMPLIC_1) for definition and values.
Outcome	F8.1	Complication 6	COMPLIC_6	6 <sup>th</sup> of up to 10 complications which are documented in the patient’s record for this stay. See Complication 1 (COMPLIC_1) for definition and values.
Outcome	F8.1	Complication 7	COMPLIC_7	7 <sup>th</sup> of up to 10 complications which are documented in the patient’s record for this stay. See Complication 1 (COMPLIC_1) for definition and values.
Outcome	F8.1	Complication 8	COMPLIC_8	8 <sup>th</sup> of up to 10 complications which are documented in the patient’s record for this stay. See Complication 1 (COMPLIC_1) for definition and values.
Outcome	F8.1	Complication 9	COMPLIC_9	9 <sup>th</sup> of up to 10 complications which are documented in the patient’s record for this stay. See Complication 1 (COMPLIC_1) for definition and values.
Outcome	F8.1	Complication 10	COMPLIC_10	10 <sup>th</sup> of up to 10 complications which are documented in the patient’s record for this stay. See Complication 1 (COMPLIC_1) for definition and values.
Outcome	F8.1	Complication if Other	COMPLIC_O	Text description of a complication that occurred but is not given as an option on the complication list as defined in COMPLIC_1.
ED Data	F8.1	Reintubation Required	REINTUBAT	Indicates whether the patient required reintubation within 48 hours of extubation. This includes whether extubation was by the physician, or if self-extubated by the patient. If intubation was never required, enter “I”. 1 = Yes 2 = No
Outcome	F8.1	Social Work Consult	SW_CNSLT	Indicates whether a social worker consulted with a patient. This would include discharge planning or case management by a person other than a social worker. 1 = Yes 2 = No
Outcome	F8.1	Social Work Consult Date	SW_DATE	Date of the social work consultation.
Outcome	F8.1	Social Work Consult Month	SW_DATE_M	Month of the social work consultation. Valid values are from 1 to 12.
Outcome	F8.1	Social Work Consult Day	SW_DATE_D	Day of the social work consultation. Valid values are from 1 to 31.
Outcome	F8.1	Social Work Consult Year	SW_DATE_Y	Year of the social work consultation. Valid values are from 1980 to 2099.
Outcome	F8.1	Mental health Consult	MH_CNSLT	Indicates whether there was a mental health consultation with the patient (including alcohol/drug counselor, psychologist, psychiatrist). 1 = Yes 2 = No
Outcome	F8.1	Mental health Consult Date	MH_DATE	Date of the mental health consultation.
Outcome	F8.1	Mental health Consult Month	MH_DATE_M	Month of the mental health consultation. Valid values are from 1 to 12.
Outcome	F8.1	Mental health Consult Day	MH_DATE_D	Day of the mental health consultation. Valid values are from 1 to 31.
Outcome	F8.1	Mental health Consult Year	MH_DATE_Y	Year of the mental health consultation. Valid values are from 1980 to 2099.
Outcome	F8.1	Physical therapy Consult	PT_CNSLT	Indicates whether there was a physical therapy consultation with the patient. 1 = Yes 2 = No
Outcome	F8.1	Physical therapy Consult Date	PT_DATE	Date of the physical therapy consultation.
Outcome	F8.1	Physical therapy Consult Month	PT_DATE_M	Month of the physical therapy consultation. Valid values are from 1 to 12.
Outcome	F8.1	Physical therapy	PT_DATE_D	Day of the physical therapy consultation. Valid values are from 1 to 31.

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		<b>Consult Day</b>		
Outcome	F8.1	<b>Physical therapy Consult Year</b>	PT_DATE_Y	Year of the physical therapy consultation. Valid values are from 1980 to 2099.
Outcome	F8.1	<b>Rehabilitation Consult</b>	RH_CNSLT	Indicates whether a rehabilitation caregiver screened the patient for rehabilitation needs. 1 = Yes 2 = No
Outcome	F8.1	<b>Rehabilitation Consult Date</b>	RH_DATE	Date of the rehabilitation consultation.
Outcome	F8.1	<b>Rehabilitation Consult Month</b>	RH_DATE_M	Month of the rehabilitation consultation. Valid values are from 1 to 12.
Outcome	F8.1	<b>Rehabilitation Consult Day</b>	RH_DATE_D	Day of the rehabilitation consultation. Valid values are from 1 to 31.
Outcome	F8.1	<b>Rehabilitation Consult Year</b>	RH_DATE_Y	Year of the rehabilitation consultation. Valid values are from 1980 to 2099.
Outcome	F8.1	<b>General Surgeon Consult</b>	GS_CNSLT	Indicates whether a general surgeon screened the patient . 1 = Yes 2 = No 'U' = Unknown '/' = Not Applicable
Outcome	F8.1	<b>Orthopedic Surgeon Consult</b>	OR_CNSLT	1 = Yes 2 = No 'U' = Unknown '/' = Not Applicable
Outcome	F8.1	<b>Pediatric Surgeon Consult</b>	PC_CNSLT	1 = Yes 2 = No 'U' = Unknown '/' = Not Applicable
Outcome	F8.1	<b>Pediatrician Consult</b>	PN_CNSLT	1 = Yes 2 = No 'U' = Unknown '/' = Not Applicable
Outcome	F8.1	<b>Neurosurgeon Consult</b>	NS_CNSLT	1 = Yes 2 = No 'U' = Unknown '/' = Not Applicable
Outcome	F8.1	<b>Intensivist Consult</b>	IN_CNSLT	1 = Yes 2 = No 'U' = Unknown '/' = Not Applicable
Outcome	F8.1	<b>Brief Substance Abuse Intervention Done?</b>	SA_INT	Indicates whether a brief substance abuse intervention was performed on the patient. 1 = Yes 2 = No 'U' = Unknown '/' = Not Applicable (Use Not Applicable for pediatric and geriatric pts. when it is not appropriate.)
Outcome	F8.1	<b>Date of Discharge From Hospital or Death</b>	DATE_DEATH	Indicates either the date of <i>discharge</i> from the hospital if the patient lived, or the date of <i>death</i> if the patient died. Note: Discharge includes transfers to another health care facility.
Outcome	F8.1	<b>Month of Discharge</b>	D_DEATH_M	Month of <i>discharge/transfer</i> from the hospital, <i>transfer</i> from the ED, or <i>death</i> . Valid values are from 1 to 12.

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		From Hospital or Death		
Outcome	F8.1	Day of Discharge From Hospital or Death	D_DEATH_D	Day of <i>discharge/transfer</i> from the hospital, <i>transfer</i> from the ED, or <i>death</i> . Valid values are from 1 to 31.
Outcome	F8.1	Year of Discharge From Hospital or Death	D_DEATH_Y	Year of <i>discharge/transfer</i> from the hospital, <i>transfer</i> from the ED, or <i>death</i> . Valid values are from 1980 to 2099.
Outcome	F8.1	Time of Discharge or Death	TIME_DEATH	Indicates the time of <i>discharge/transfer</i> from the hospital if the patient lived, the time of <i>transfer</i> if the patient was transferred from the ED to another hospital, or the time of <i>death</i> if the patient died.
Outcome	F8.1	Hour of Discharge or Death	T_DEATH_H	Hour of <i>discharge/transfer</i> from the hospital, <i>transfer</i> from the ED, or <i>death</i> . Valid values are from 0 to 23.
Outcome	F8.1	Minutes of Discharge or Death	T_DEATH_M	Minutes of <i>discharge/transfer</i> from the hospital, <i>transfer</i> from the ED, or <i>death</i> . Valid values are from 0 to 59.
Outcome	F8.1	Hospital Discharge Disposition	DISCHG_TO	Indicates where the patient went upon final discharge from the hospital. 0 = Home, no outside assistance 1 = Home, with outside health care assistance 2 = Home, with outpatient rehabilitation care 3 = Skilled Nursing Facility (SNF) 4 = Rehab Facility 5 = Other Acute Care Facility (i.e. transfers to another acute care hospital) 6 = Expired (Died) 7 = Other, out of facility. If used, a text description of where the patient went must also be entered; for example, Foster Care. See also <a href="#">DISCG_TO_O</a> 8 = Psychiatric Facility 9 = Jail or Police Custody 10 = In-house SNF (or Transitional Care Unit) Note: A patient is “transferred” (choice 5 Other Acute Care Facility) to another acute care hospital if sent by ambulance. A patient sent by private vehicle or other means is not a “transfer” for the purposes of the Trauma Registry. For patients referred to another hospital but <u>not</u> sent by ambulance, choose 7 = Other and enter the receiving facility’s ID number and “POV” in the “Discharge Disposition If Other” space.
Outcome	F8.1	Hospital Discharge if Other	DISCG_TO_O	Text description of where the patient went upon final discharge from the hospital if not listed as an option from the Hospital Discharge Disposition Menu. Note: This field should <i>rarely</i> be used. If the patient was transferred to another acute care facility (DISCHG_TO = 5), use this field to indicate the receiving hospital ID.
Outcome	F8.1	Decision to Transfer Made By	DIS_X_BY	1 = ED Physician 2 = ED Mid Level Provider 3 = General Surgeon 4 = Neurosurgeon 5 = Orthopedic Surgeon 6 = Pediatric Surgeon 7 = Pediatrician 8 = Other ‘U’ = Unknown ‘/’ = Not Applicable
Outcome	F8.1	Decision to Transfer Made By – If Other	DIS_X_BY_O	If Other (8) is selected as the decision to transfer made by, enter text description in data field.

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Section	Screen	Data Element Description	Collector Data Name	Definition
Outcome	F8.1	Acute Care Facility ID if Discharged From Hospital	ACUTE_ID_N	ID of the acute care facility where the patient went if the patient was referred to an acute care facility from the hospital. See <a href="#">REF_ID</a> for defined values.
Outcome	F8.1	Hospital Discharge if Other	DISCG_TO_O	Text description of where the patient went upon final discharge from the hospital if not listed as an option from the Hospital Discharge Disposition Menu. Note: This field should <i>rarely</i> be used. If the patient was transferred to another acute care facility (DISCHG_TO = 5), use this field to indicate the receiving hospital ID.
Outcome	F8.1	Rehabilitation Facility ID	REHAB_ID_N	Indicates the ID number of the rehabilitation facility. User-defined facilities may also be added. 158 = Cascade Medical Center (Leavenworth) 014 = Children’s Hospital (Seattle) 081 = Good Samaritan Hospital (Puyallup) 935 = Green Mountain Rehab Medicine (Bremerton) 029 = Harborview Medical Center (Seattle) 916 = Legacy Emanuel Hospital (Portland) 022 = Lourdes Medical Center (Pasco) 130 = Northwest Hospital (Seattle) 191 = Providence Centralia Hospital 027 = Providence Everett Medical Center 003 = Providence Medical Center (Seattle) 159 = Providence St. Peter Hospital (Olympia) 170 = Southwest Washington Medical Center (Vancouver) 026 = St. John Medical Center (Longview) 032 = St. Joseph Medical Center (Tacoma) 157 = St. Luke’s Rehabilitation Center (Spokane) 050 = St. Mary Medical Center (Walla Walla) 128 = University of Washington Medical Center (Seattle) 155 = Valley Medical Center (Renton) 102 = Yakima Regional Medical Center
Outcome	F8.2	Disability at Discharge - Feeding	D_DISABL_F	Indicates the ‘feeding’ component of the Level of Function. Each component should be assessed as close to discharge as possible, but not earlier than 48 hours prior to discharge. 4 = Independent 3 = Independent, with Device 2 = Dependent, Partial Help 1 = Dependent, Total Help 0 = Pediatric, Age < 2
Outcome	F8.2	Disability at Discharge – Locomotion	D_DISABL_L	Indicates the ‘locomotion’ component of the Level of Function. Each component should be assessed as close to discharge as possible, but not earlier than 48 hours prior to discharge. 4 = Independent 3 = Independent, with Device 2 = Dependent, Partial Help 1 = Dependent, Total Help 0 = Pediatric, Age < 2
Outcome	F8.2	Disability at Discharge – Expression	D_DISABL_E	Indicates the ‘expression’ component of the Level of Function. Each component should be assessed as close to discharge as possible, but not earlier than 48 hours prior to discharge. 4 = Independent 3 = Independent, with Device 2 = Dependent, Partial Help 1 = Dependent, Total Help 0 = Pediatric, Age < 2
Outcome	F8.2	Eye Opening Sub-Score of GCS at	EYE_OPNG_D	Sub-score of the Glasgow Coma Score (GCS) indicating patient <i>best</i> eye opening at discharge from the hospital. It is added to two other sub-scores to obtain the GCS at discharge. See also Discharge GCS (GCS_D).

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Section	Screen	Data Element Description	Collector Data Name	Definition
		Discharge		1 = None 2 = To Pain 3 = To Voice 4 = Spontaneous U = Unknown
Outcome	F8.2	Verbal Response Sub-Score of GCS at Discharge	VER_RESP_D	Sub-score of the Glasgow Coma Score (GCS) indicating patient <i>best</i> verbal response <i>at discharge</i> . It is added to two other sub-scores to obtain the GCS at discharge from the hospital. See also discharge-GCS (GCS_D). 1 = None, <u>or</u> intubated, or pharmacologically paralyzed 2 = Incomprehensible Sounds (Under 2 years, Agitated/Restless) 3 = Inappropriate Words (Under 2 years, Persistent Crying) 4 = Confused 5 = Oriented U = Unknown
Outcome	F8.2	Motor Response Sub-Score of GCS at Discharge	MOT_RESP_D	Sub-score of the Glasgow Coma Score (GCS) indicating patient’s <i>best</i> motor response <i>at discharge</i> . It is added to two other sub-scores to obtain the GCS at discharge from the hospital. See also discharge-GCS (GCS_D). 1 = None, <u>or</u> pharmacologically paralyzed 2 = Abnormal Extension 3 = Abnormal Flexion 4 = Withdraws to Pain 5 = Localizes Pain 6 = Obeys Commands U = Unknown
Outcome	F8.2	GCS at Discharge (Outcome GCS)	GCS_D	Glasgow Coma Score (GCS) is a widely used index that assesses the degree of coma in patients with craniocerebral injuries. The GCS at discharge is calculated by adding the sub-scores of three behavioral responses at discharge: best eye opening (see EYE_OPNG_D), best verbal response (see VER_RESP_D), and best motor response (see MOT_RESP_D). Values range from 3 to 15.
Outcome	F8.3	Payer Source 1	P1_CODE	The primary source of payment. See also Payer Source 2 (P2_CODE). 00 = None 01 = Medicare 02 = Medicaid - (Washington State Department of Social and Health Services) [DSHS] 03 = Labor and Industries (L&I) – (includes state fund, self-insured employers, and Labor and Industries crime victim’s claims) 04 = Health Maintenance Organization (HMO) – (e.g. Kaiser, Group Health, Molina, Basic Health Plan, Healthy Options) 05 = Other Insurance 08 = Self Pay 10 = Commercial Insurance – (e.g. Mutual of Omaha, Safeco) 11 = Health Care Service Contractor – (e.g. Premera Blue Cross, KPS) 12 = Other Government Sponsored Patients – (e.g. TRI-CARE, Indian Health) 13 = Charity Care
Outcome	F8.3	Payer Source 2	P2_CODE	The secondary source of payment. See also Payer Source 1 (P1_CODE). 00 = None 01 = Medicare 02 = Medicaid - (Washington State Department of Social and Health Services) [DSHS] (Healthy Options) 03 = Labor and Industries (L&I) – (includes state fund, self-insured employers, and Labor and Industries crime victim’s claims) 04 = Health Maintenance Organization (HMO) – (e.g. Kaiser, Group Health, Molina, Basic Health Plan) 05 = Other Insurance 08 = Self Pay 10 = Commercial Insurance – (e.g. Mutual of Omaha, Safeco) 11 = Health Care Service Contractor – (e.g. Premera Blue Cross, KPS) 12 = Other Government Sponsored Patients – (e.g. TRI-CARE, Indian Health) 13 = Charity Care

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Section	Screen	Data Element Description	Collector Data Name	Definition
Outcome	F8.3	Financial Data Available	FINANCE_YN	Indicates whether financial data is available at this time. 1 = Yes 2 = No 'U' Unknown '/' Inappropriate
Outcome	F8.3	Total Hospital Charges	HOSP_CHARG	The total charges from this facility for this patient, in dollars & cents, including the decimal point.
Outcome	F8.3	Payer Source 1 Reimbursement	P1_RETURN	The amount received from the primary source of payment, in dollars and cents including the decimal point.
Outcome	F8.3	Payer Source 2 Reimbursement	P2_RETURN	The amount received from the secondary source of payment, in dollars and cents including the decimal point.
Outcome	F8.3	Total Reimbursement	T_RETURN	The total amount received from all sources, including the primary and secondary payers. See Payer Source 1 Reimbursement (P1_RETURN) and Payer Source 2 Reimbursement (P2_RETURN).
Outcome	F8.3	Was the Patient Declared Brain Dead?	BRAIN_DEAD (12/17/2009)	Indicates whether the patient’s medical record states the brain death has occurred as judged by a licensed physician(s) or mid-level provider(s) in accordance with the approved procedures in your facility. 1 = Yes 2 = No
Outcome	F8.3	Autopsy Done	AUTOPSY_YN	Indicates whether an autopsy was done. 1 = Yes 2 = No
Outcome	F8.3	Autopsy Results Requested	AUTOPSY_RQ	Indicates whether the autopsy results were requested. 1 = Yes 2 = No
Outcome	F8.3	Autopsy Results Received	RESULT_REC	Indicates whether the autopsy results were received when requested. 1 = Yes 2 = No
Outcome	F8.3	Organ Donation Evaluation	ORG_REQ	Indicates whether organ donation was requested. 1 = Yes 2 = No
Outcome	F8.3	Organ(s) Donated	ORG_DNR	Indicates which organs were donated. 00 = None 01 = Adrenal Glands 02 = Bone 03 = Bone Marrow 04 = Cartilage 05 = Cornea 06 = Dura Mater 07 = Fascialata 08 = Heart 09 = Heart & Lungs 10 = Heart & Valves 11 = Kidneys 12 = Liver 13 = Lungs 14 = Nerves 15 = Pancreas 16 = Skin 17 = Tendons 18 = Multiple Organ Donation 19 = All
Outcome	F8.3	Life Support Withdrawn	LIFE_SPT (12/17/2009)	Indicates whether life support therapies required to sustain life in a critically ill or injured patient were withdrawn or discontinued. Therapies can include those such as dialysis, mechanical ventilation, tube or parenteral nutrition, inotropes,

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				vasopressors, cardiopulmonary resuscitation, defibrillation, heart/lung bypass, or artificial pacemaker. <b>1 = Yes</b> <b>2 = No</b>															
Outcome	F8.3	Cause of Death	C_DEATH	Ten lines designated for a description of patient's cause of death.															
Outcome	F8.4	Discharge Memo	NOTES_DSCH	Ten lines designated for a description of patient's discharge.															
Outcome	F8.8	QA Comments	QA_COMM	Ten lines designated for a description of patient's injury QA comments.															
Diagnoses	F9.1	Injury Severity Score (ISS)	ISS	<b>Note: This field is calculated by Collector.</b> The Injury Severity Score (ISS) is a summary score for traumatic injuries. The ISS is calculated as the square of the AIS. If a patient has more than one AIS, the highest AIS value is selected from each of up to six body regions (head/neck, face, thorax, abdominal and pelvic contents, limbs, and skin), and the three highest of these are squared and summed. If any AIS score is 6, then the ISS is set at 75. Values range from 1 (best) to 75 (almost always fatal). ISS = 75 if patient has severity value of 6 (nearly always fatal), Otherwise, ISS = (1 <sup>st</sup> of 3 highest AIS) <sup>2</sup> + (2 <sup>nd</sup> of 3 highest AIS) <sup>2</sup> + (3 <sup>rd</sup> of 3 highest AIS) <sup>2</sup>															
Diagnoses	F9.1	Received Injury Severity Score (Received ISS)	RECV_ISS	The Received Injury Severity Score is the ISS that was calculated at the referring hospital if the patient is transferred in from another hospital. See ISS for a complete definition of Injury Severity Score.															
Diagnoses	F9.1	TRISS	TRISS	TRISS is a method used to estimate probability of survival (P <sub>s</sub> ) as a function of injury severity (ISS), revised trauma score (RTS), patient age, and type of injury (blunt or penetrating), using a logistic model:  $P_s = 1 / (1 + e^{-b})$ , where e = 2.7183 and b = b <sub>0</sub> + b <sub>1</sub> (RTS) + b <sub>2</sub> (ISS) + b <sub>3</sub> (AGE) where b <sub>0</sub> , b <sub>1</sub> , b <sub>2</sub> , and b <sub>3</sub> are weights derived from study data; RTS is the Revised Trauma Score on Admission; ISS is the Injury Severity Score; and AGE = 1 if patient age is over 54 years, and AGE = 0 if patient age is 54 years or less. The TRISS regression weights for AIS-90 based norms are defined below <sup>1</sup> : <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>b<sub>0</sub></th> <th>b<sub>1</sub> (RTS)</th> <th>b<sub>2</sub>(ISS)</th> <th>b<sub>3</sub>(AGE*)</th> </tr> </thead> <tbody> <tr> <td>Blunt</td> <td>-0.4499</td> <td>0.8085</td> <td>-0.0835</td> <td>-1.7430</td> </tr> <tr> <td>Penetrating</td> <td>-2.5355</td> <td>0.9934</td> <td>-0.0651</td> <td>-1.1360</td> </tr> </tbody> </table> The adult blunt-injured coefficients (AGE=0) are also for both blunt and penetrating-injured pediatric patients (<15 years old).  See also RTS_A, ISS, and BLUNT_PENT.  <b>Note: TRISS will be calculated only if all components have values.</b>  <b>1. Champion, Sacco, Copes: Injury Severity Scoring Again. J Trauma 38:94, 1995.</b>		b <sub>0</sub>	b <sub>1</sub> (RTS)	b <sub>2</sub> (ISS)	b <sub>3</sub> (AGE*)	Blunt	-0.4499	0.8085	-0.0835	-1.7430	Penetrating	-2.5355	0.9934	-0.0651	-1.1360
	b <sub>0</sub>	b <sub>1</sub> (RTS)	b <sub>2</sub> (ISS)	b <sub>3</sub> (AGE*)															
Blunt	-0.4499	0.8085	-0.0835	-1.7430															
Penetrating	-2.5355	0.9934	-0.0651	-1.1360															
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Version	AIS_VER	Indicates the AIS version being used for the AIS - ICD-9-CM mapping. See AIS_01.															
Diagnoses	F9.2	ICD-9-CM Code 1	ICD9_01	1 <sup>st</sup> ICD-9-CM injury code for this patient.															
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 1	<a href="#">AIS_01</a>	The Abbreviated Injury Scale (AIS) & Body Region value 1 for this patient. The AIS is a list of several hundred injuries, each assigned a severity value of 1 (minor) to 6 (nearly always fatal) and a body region from 1 to 6. The AIS severity values have been “assigned” to ICD-9-CM injury rubrics so that ICD-9-CM injury codes listed in hospital discharge summaries can be mapped to AIS values. These values can then be used in the computation of Injury Severity Score (ISS). See also AIS_VER.															

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				<p><b>1<sup>st</sup> digit = AIS Severity</b>            0 = None            1 = Minor            2 = moderate            3 = serious            4 = Severe            5 = Critical            6 = Maximum (Nearly Always Fatal)            9 = Unknown (Cannot Be Used In Scoring)</p> <p><b>2<sup>nd</sup> digit = AIS Body Region</b>            1 = head/neck            2 = face            3 = thorax            4 = abdomen and pelvic contents            5 = extremities            6 = external (skin)            9 = Inappropriate</p>
Diagnoses	F9.2	PREDOT Code 1	PREDOT_01	<p>1<sup>st</sup> of up to 27 Predot codes. The predot code corresponds to the 6 digits preceding the decimal point in the pre-defined associated AIS Code. (The Abbreviated Injury Score is the digit to the right of the decimal point. See <a href="#">AIS_01</a>). The predot code is generated when using the TRICODE option in Collector, which assigns ICD-9-CM, AIS, and Body Regions from text injury descriptions. The following conventions are used in assigning the numerics to specific injury codes:</p> <p><b>1<sup>st</sup> digit = Body Region</b>            1 = head            2 = face            3 = neck            4 = thorax            5 = abdomen            6 = spine            7 = upper extremity            8 = lower extremity            9 = unspecified (including burns/skin)</p> <p><b>2<sup>nd</sup> digit = Type of Anatomic Structure</b>            1 = whole area            2 = vessels            3 = nerves            4 = organs (including muscles/ligaments)            5 = skeletal (including joints)            6 = head - LOS (loss of consciousness)</p> <p><b>3<sup>rd</sup> &amp; 4<sup>th</sup> digits = Specific Anatomic Structure or Nature</b>  <b>Whole Area</b>            02 = skin - abrasion            04 = skin - contusion            06 = skin - laceration            08 = skin - avulsion            10 = amputation            20 = burn            30 = crush            40 = degloving            50 = injury - NFS            60 = penetrating            90 = trauma, other than mechanical  <b>Head - LOC</b>            02 = length of LOC</p>

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				04 = level of consciousness 06 = level of consciousness 08 = level of consciousness 10 = concussion <b>Spine</b> 02 = cervical 04 = thoracic 06 = lumbar <b>Vessels, Nerves, Organs, Bones, Joints</b> Are assigned consecutive two digit numbers beginning with 02  <b>5<sup>th</sup> &amp; 6<sup>th</sup> digits = LEVEL</b> Specific injuries are assigned consecutive two-digit numbers beginning with 02
Diagnoses	F9.2	ICD-9-CM Code 2	<a href="#">ICD9_02</a>	2 <sup>nd</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 2	AIS_02	The Abbreviated Injury Scale (AIS) value 2 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 2	PREDOT_02	2 <sup>nd</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 3	<a href="#">ICD9_03</a>	3 <sup>rd</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 3	AIS_03	The Abbreviated Injury Scale (AIS) value 3 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 3	PREDOT_03	3 <sup>rd</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 4	<a href="#">ICD9_04</a>	4 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 4	AIS_04	The Abbreviated Injury Scale (AIS) value 4 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 4	PREDOT_04	4 <sup>th</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 5	<a href="#">ICD9_05</a>	5 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 5	AIS_05	The Abbreviated Injury Scale (AIS) value 5 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 5	PREDOT_05	5 <sup>th</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 6	<a href="#">ICD9_06</a>	6 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 6	AIS_06	The Abbreviated Injury Scale (AIS) value 6 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 6	PREDOT_06	6 <sup>th</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 7	<a href="#">ICD9_07</a>	7 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 7	AIS_07	The Abbreviated Injury Scale (AIS) value 7 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 7	PREDOT_07	7 <sup>th</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 8	<a href="#">ICD9_08</a>	8 <sup>th</sup> ICD-9-CM injury code for this patient.

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Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 8	AIS_08	The Abbreviated Injury Scale (AIS) value 8 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 8	PREDOT_08	8 <sup>th</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 9	ICD9_09	9 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 9	AIS_09	The Abbreviated Injury Scale (AIS) value 9 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 9	PREDOT_09	9 <sup>th</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 10	ICD9_10	10 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 10	AIS_10	The Abbreviated Injury Scale (AIS) value 10 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 10	PREDOT_10	10 <sup>th</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 11	ICD9_11	11 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 11	AIS_11	The Abbreviated Injury Scale (AIS) value 11 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 11	PREDOT_11	11 <sup>th</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 12	ICD9_12	12 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 12	AIS_12	The Abbreviated Injury Scale (AIS) value 12 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 12	PREDOT_12	12 <sup>th</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 13	ICD9_13	13 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 13	AIS_13	The Abbreviated Injury Scale (AIS) value 13 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 13	PREDOT_13	13 <sup>th</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 14	ICD9_14	14 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 14	AIS_14	The Abbreviated Injury Scale (AIS) value 14 for this patient. See AIS_01 for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 14	PREDOT_14	14 <sup>th</sup> predot code. See PREDOT_01 for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 15	ICD9_15	15 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 15	AIS_15	The Abbreviated Injury Scale (AIS) value 15 for this patient. See AIS_01 for a complete definition and for values.

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Section	Screen	Data Element Description	Collector Data Name	Definition
Diagnoses	F9.2	PREDOT Code 15	<b>PREDOT_15</b>	15 <sup>th</sup> predot code. See <a href="#">PREDOT_01</a> for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 16	<a href="#">ICD9_16</a>	16 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 16	<b>AIS_16</b>	The Abbreviated Injury Scale (AIS) value 16 for this patient. See <a href="#">AIS_01</a> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 16	<b>PREDOT_16</b>	16 <sup>th</sup> predot code. See <a href="#">PREDOT_01</a> for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 17	<a href="#">ICD9_17</a>	17 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 17	<b>AIS_17</b>	The Abbreviated Injury Scale (AIS) value 17 for this patient. See <a href="#">AIS_01</a> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 17	<b>PREDOT_17</b>	17 <sup>th</sup> predot code. See <a href="#">PREDOT_01</a> for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 18	<a href="#">ICD9_18</a>	18 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 18	<b>AIS_18</b>	The Abbreviated Injury Scale (AIS) value 18 for this patient. See <a href="#">AIS_01</a> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 18	<b>PREDOT_18</b>	18 <sup>th</sup> predot code. See <a href="#">PREDOT_01</a> for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 19	<a href="#">ICD9_19</a>	19 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 19	<b>AIS_19</b>	The Abbreviated Injury Scale (AIS) value 19 for this patient. See <a href="#">AIS_01</a> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 19	<b>PREDOT_19</b>	19 <sup>th</sup> predot code. See <a href="#">PREDOT_01</a> for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 20	<a href="#">ICD9_20</a>	20 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 20	<b>AIS_20</b>	The Abbreviated Injury Scale (AIS) value 20 for this patient. See <a href="#">AIS_01</a> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 20	<b>PREDOT_20</b>	20 <sup>th</sup> predot code. See <a href="#">PREDOT_01</a> for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 21	<a href="#">ICD9_21</a>	21 <sup>st</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 21	<b>AIS_21</b>	The Abbreviated Injury Scale (AIS) value 21 for this patient. See <a href="#">AIS_01</a> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 21	<b>PREDOT_21</b>	21 <sup>st</sup> predot code. See <a href="#">PREDOT_01</a> for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 22	<a href="#">ICD9_22</a>	22 <sup>nd</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 22	<b>AIS_22</b>	The Abbreviated Injury Scale (AIS) value 22 for this patient. See <a href="#">AIS_01</a> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 22	<b>PREDOT_22</b>	22 <sup>nd</sup> predot code. See <a href="#">PREDOT_01</a> for a complete definition.

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Section	Screen	Data Element Description	Collector Data Name	Definition
Diagnoses	F9.2	ICD-9-CM Code 23	<a href="#">ICD9_23</a>	23 <sup>rd</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 23	<b>AIS_23</b>	The Abbreviated Injury Scale (AIS) value 23 for this patient. See <b>AIS_01</b> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 23	<b>PREDOT_23</b>	23 <sup>rd</sup> predot code. See <b>PREDOT_01</b> for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 24	<a href="#">ICD9_24</a>	24 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 24	<b>AIS_24</b>	The Abbreviated Injury Scale (AIS) value 24 for this patient. See <b>AIS_01</b> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 24	<b>PREDOT_24</b>	24 <sup>th</sup> predot code. See <b>PREDOT_01</b> for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 25	<a href="#">ICD9_25</a>	25 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 25	<b>AIS_25</b>	The Abbreviated Injury Scale (AIS) value 25 for this patient. See <b>AIS_01</b> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 25	<b>PREDOT_25</b>	25 <sup>th</sup> predot code. See <b>PREDOT_01</b> for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 26	<a href="#">ICD9_26</a>	26 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 26	<b>AIS_26</b>	The Abbreviated Injury Scale (AIS) value 26 for this patient. See <b>AIS_01</b> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 26	<b>PREDOT_26</b>	26 <sup>th</sup> predot code. See <b>PREDOT_01</b> for a complete definition.
Diagnoses	F9.2	ICD-9-CM Code 27	<a href="#">ICD9_27</a>	27 <sup>th</sup> ICD-9-CM injury code for this patient.
Diagnoses	F9.2	Abbreviated Injury Scale (AIS) Value 27	<b>AIS_27</b>	The Abbreviated Injury Scale (AIS) value 27 for this patient. See <b>AIS_01</b> for a complete definition and for values.
Diagnoses	F9.2	PREDOT Code 27	<b>PREDOT_27</b>	27 <sup>th</sup> predot code. See <b>PREDOT_01</b> for a complete definition.
Diagnoses	F9.3	Non-Trauma ICD-9-CM Code 1	NT_ICD9_01	1 <sup>st</sup> of up to 10 non-trauma ICD-9-CM Codes. These codes allow analysts to account for co-existing medical conditions, using ICD-9-CM codes.
Diagnoses	F9.3	Non-Trauma ICD-9-CM Code 2	NT_ICD9_02	2 <sup>nd</sup> of up to 10 non-trauma ICD-9-CM Codes.
Diagnoses	F9.3	Non-Trauma ICD-9-CM Code 3	NT_ICD9_03	3 <sup>rd</sup> of up to 10 non-trauma ICD-9-CM Codes.
Diagnoses	F9.3	Non-Trauma ICD-9-CM Code 4	NT_ICD9_04	4 <sup>th</sup> of up to 10 non-trauma ICD-9-CM Codes.
Diagnoses	F9.3	Non-Trauma ICD-9-CM Code 5	NT_ICD9_05	5 <sup>th</sup> of up to 10 non-trauma ICD-9-CM Codes.
Diagnoses	F9.3	Non-Trauma ICD-9-CM Code 6	NT_ICD9_06	6 <sup>th</sup> of up to 10 non-trauma ICD-9-CM Codes.

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Section	Screen	Data Element Description	Collector Data Name	Definition
Diagnoses	F9.3	Non-Trauma ICD-9-CM Code 7	NT_ICD9_07	7 <sup>th</sup> of up to 10 non-trauma ICD-9-CM Codes.
Diagnoses	F9.3	Non-Trauma ICD-9-CM Code 8	NT_ICD9_08	8 <sup>th</sup> of up to 10 non-trauma ICD-9-CM Codes.
Diagnoses	F9.3	Non-Trauma ICD-9-CM Code 9	NT_ICD9_09	9 <sup>th</sup> of up to 10 non-trauma ICD-9-CM Codes.
Diagnoses	F9.3	Non-Trauma ICD-9-CM Code 10	NT_ICD9_10	10 <sup>th</sup> of up to 10 non-trauma ICD-9-CM Codes.
Diagnoses	F9.4	For patients with diagnosis of brain or facial injury	<b>BFI_XFR (12/17/2009)</b>	Indicates if the patient was diagnosed with brain or facial injury prior to being transferred to your facility. <a href="#">(List of AIS and ICD Codes used to determine diagnosis)</a> 1 = YES 2 = NO 'U' Unknown '/' Inappropriate
	F9.4	For patients with diagnosis of brain or facial injury	BFI_DX (1/1)	Was the dx of brain or facial injury based on physician doc or CT report? 1 = YES 2 = NO 'U' Unknown '/' Inappropriate
	F9.4	For patients with diagnosis of brain or facial injury	BFI_MED	Did the pt receive coumadin or warfarin med in the 4 days prior to injury? 1 = YES 2 = NO 'U' Unknown '/' Inappropriate
	F9.4	For patients with diagnosis of brain or facial injury	INR_DM	First INR Performed at Your Hospital - Month Valid values are from 01 to 12.
	F9.4	For patients with diagnosis of brain or facial injury	INR_DD	First INR Performed at Your Hospital – Day Valid values are from 01 to 31.
	F9.4	For patients with diagnosis of brain or facial injury	INR_DY	First INR Performed at Your Hospital - Year Valid values are from 1980 to 2099.
	F9.4	For patients with diagnosis of brain or facial injury	INR_TH	First INR Performed at Your Hospital - Hour Valid values are from 0 to 23.
	F9.4	For patients with diagnosis of brain or facial injury	INR_TM	First INR Performed at Your Hospital - Minute Valid values are from 0 to 59.
	F9.4	For patients with diagnosis of brain or facial injury	INR_RES	First International Normalized Ratio (INR) Performed at Your Hospital. Enter the date mm/dd/yyyy, and time hh/mm, of the first measurement of INR performed on this patient at your hospital for this episode of care. The INR is a laboratory measure of the blood’s ability to clot compared to an average. It can assist in assessing risk of bleeding and evaluate the effect of some anticoagulants medications.

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Section	Screen	Data Element Description	Collector Data Name	Definition
				Enter the numerical result of this patient’s first INR measured at your hospital for this episode of care. Range of INR values acceptable for this data element is 0 – 60.00
	F9.4	For patients with diagnosis of brain or facial injury	CT_DT_SRC	Head CT Performed at Your Hospital - Source of Head CT Date/Time 1 = Nursing Note Documentation 2 = PACS or CT Image 3 = CT Results Report 4 = Other Diagnostic Imaging Dept. Notation 5 = Other
	F9.4	For patients with diagnosis of brain or facial injury	CT_DT_SRCO	Head CT Performed at Your Hospital - Source of Head CT Date/Time – Other Enter text describing the Source of Head CT Date/Time
	F9.4	For patients with diagnosis of brain or facial injury	ROA_MED	What med was first used to reverse anticoagulation? The name of the medication (or blood component) that was first used to reverse anticoagulation for this episode of care at your hospital. Do not address the administration of anticoagulation medications at previous or subsequent hospitals, only at your hospital. Chose only one response. Disregard administration of Vitamin K for this data element. 0 = None of the Medications Below Were Given 1= FFP (Fresh Frozen Plasma) 2= Factor VIIa 3= Prothrombin Complex Concentrate 'U' Unknown
	F9.4	For patients with diagnosis of brain or facial injury	ROA_DM	Month that med was first used to reverse anticoagulation. First Dose - Month Valid values are from 01 to 12.
	F9.4	For patients with diagnosis of brain or facial injury	ROA_DD	Day that med was first used to reverse anticoagulation. First Dose – Day Valid values are from 1 to 31.
	F9.4	For patients with diagnosis of brain or facial injury	ROA_DY	Year that med was first used to reverse anticoagulation. First Dose - Year Valid values are from 1980 to 2099.
	F9.4	For patients with diagnosis of brain or facial injury	ROA_TH	Hour that med was first used to reverse anticoagulation. First Dose - Hour Valid values are from 0 to 23.
	F9.4	For patients with diagnosis of brain or facial injury	ROA_TM	Minute that med was first used to reverse anticoagulation. First Dose - Minute Valid values are from 0 to 59.
	F9.4	For patients with diagnosis of brain or facial injury	ROA_MED_A1	What additional medications were used to reverse anticoagulation? 0 = None of the Medications Below Were Given 1 = FFP (Fresh Frozen Plasma) 2 = Factor VIIa 3 = Prothrombin Complex Concentrate 4 = Vitamin K 5 = Other
	F9.4	For patients with diagnosis of	ROA_MED_A2	What additional medications were used to reverse anticoagulation? 0 = None of the Medications Below Were Given 1 = FFP (Fresh Frozen Plasma)

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Section	Screen	Data Element Description	Collector Data Name	Definition
		brain or facial injury		2 = Factor VIIa 3 = Prothrombin Complex Concentrate 4 = Vitamin K 5 = Other
	F9.4	For patients with diagnosis of brain or facial injury	ROA_MED_A3	What additional medications were used to reverse anticoagulation? 0 = None of the Medications Below Were Given 1 = FFP (Fresh Frozen Plasma) 2 = Factor VIIa 3 = Prothrombin Complex Concentrate 4 = Vitamin K 5 = Other
	F9.4	For patients with diagnosis of brain or facial injury	ROA_MED_A4	What additional medications were used to reverse anticoagulation? 0 = None of the Medications Below Were Given 1 = FFP (Fresh Frozen Plasma) 2 = Factor VIIa 3 = Prothrombin Complex Concentrate 4 = Vitamin K 5 = Other
	F9.4	For patients with diagnosis of brain or facial injury	ROA_MED_AS	What additional medications were used to reverse anticoagulation? - Other Enter text description of other medication used.
	F10.7	WTR Inclusion Criteria Met	IS_WTR_2009	Does the patient meet the WA Trauma Registry Inclusion Criteria? Derived by Collector and auto populated.
Reserved Data	F10.1	Washington State Reserved Element 10	HOSP01	User-defined field. It is currently undefined.
Reserved Data	F10.1	Washington State Reserved Element 11	HOSP02	User-defined field. It is currently undefined.
Reserved Data	F10.1	Washington State Reserved Element 12	HOSP03	User-defined field. It is currently undefined.
Reserved Data	F10.1	Washington State Reserved Element 13	HOSP04	User-defined field. It is currently undefined.
Reserved Data	F10.1	Washington State Reserved Element 14	HOSP05	User-defined field. It is currently undefined.
Reserved Data	F10.1	Washington State Reserved Element 15	HOSP06	User-defined field. It is currently undefined.
Reserved Data	F10.1	Washington State Reserved Element 16	HOSP07	User-defined field. It is currently undefined.
Reserved Data	F10.1	Washington State Reserved Element 17	HOSP08	User-defined field. It is currently undefined.
Reserved Data	F10.1	Washington State Reserved Element 17	HOSP09	User-defined field. It is currently undefined.

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Section	Screen	Data Element Description	Collector Data Name	Definition
		State Reserved Element 18		
Reserved Data	F10.1	Washington State Reserved Element 19	<b>HOSP10</b>	User-defined field. It is currently undefined.
Reserved Data	F10.2	Washington State Reserved Element 1	<b>HOSP11</b>	User-defined field. It is currently undefined.
Reserved Data	F10.2	Washington State Reserved Element 2	<b>HOSP12</b>	User-defined field. It is currently undefined.
Reserved Data	F10.2	Washington State Reserved Element 3	<b>HOSP13</b>	User-defined field. It is currently undefined.
Reserved Data	F10.2	Washington State Reserved Element 4	<b>HOSP14</b>	User-defined field. It is currently undefined.
Reserved Data	F10.2	Washington State Reserved Element 5	<b>HOSP15</b>	User-defined field. It is currently undefined.
Reserved Data	F10.2	Washington State Reserved Element 6	<b>HOSP16</b>	User-defined field. It is currently undefined.
Reserved Data	F10.2	Washington State Reserved Element 7	<b>HOSP17</b>	User-defined field. It is currently undefined.
Reserved Data	F10.2	Washington State Reserved Element 8	<b>HOSP18</b>	User-defined field. It is currently undefined.
Reserved Data	F10.2	Washington State Reserved Element 9	<b>HOSP19</b>	User-defined field. It is currently undefined.
Reserved Data	F10.2	Washington State Reserved Element 20	<b>HOSP20</b>	User-defined field. It is currently undefined.
Scores	N/A	A-Score Component of Anatomic Profile	A_SCORE	<p>Indicates the “A” component of the Anatomic Profile (AP), a score that was developed to compare groups of patients with similar injuries and is comprised of four scores (A, B, C, D). The first three components summarize all serious (AIS &gt; 2) injuries to (A) the head/brain and spinal cord, (B) the thorax and front of the neck, and (C) all remaining serious injuries, and are used in the calculation of ASCOT. (D) is a summary measure of all non-serious injuries &amp; is not used in the calculation.</p> <p>AP component “A” is computed by taking the square root of the sum of squares of AIS scores for injury in AP component A. For example, a patient with two AIS 5 injuries and one AIS 3 injury in AP component A (injuries to the head/brain and spinal cord) has an A score of 7.68 [<math>\sqrt{(5^2 + 5^2 + 3^2)}</math>]. If no serious injuries to the head/brain and spinal cord were sustained, A = 0.</p>

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Section	Screen	Data Element Description	Collector Data Name	Definition																																					
Scores	N/A	ASCOT (A Severity Characterization of Trauma) Probability of Survival	ASCOT	<p>ASCOT combines emergency department admission values (<b>as coded for RTS</b>) of the Glasgow Coma Scale (G), systolic blood pressure (S), and respiratory rate (R) with 3 AP components and patient age<sup>1</sup>.</p> $ASCOT P_s = 1/(1 + e^{-k})$ <p>Where <math>k = k_0 + k_1G + k_2S + k_3R + k_4A + k_5B + k_6C + k_7AGE</math> and            G = coded value of ED Glasgow Coma Scale (see G_SCORE_A),            S = coded value of ED systolic blood pressure (see S_SCORE_A),            R = coded value of ED respiratory rate (see R_SCORE_A),            A = Anatomic Profile (AP) “A” component (see A_SCORE),            B = Anatomic Profile (AP) “B” component (see B_SCORE),            C = Anatomic Profile (AP) “C” component (see C_SCORE).</p> <p>(Note: The D component of AP was not significant in predicting P<sub>s</sub>)</p> <p>AGE    Ages (years)</p> <table border="0"> <tr><td>0</td><td>0 - 54</td></tr> <tr><td>1</td><td>55 - 64</td></tr> <tr><td>2</td><td>65 - 74</td></tr> <tr><td>3</td><td>75 - 84</td></tr> <tr><td>4</td><td>&gt;=85</td></tr> </table> <p>ASCOT Model Weights</p> <table border="0"> <thead> <tr> <th></th> <th>Blunt</th> <th>Penetrating</th> </tr> </thead> <tbody> <tr><td>K<sub>0</sub></td><td>-1.1570</td><td>-1.1350</td></tr> <tr><td>K<sub>1</sub></td><td>0.7705</td><td>1.0626</td></tr> <tr><td>K<sub>2</sub></td><td>0.6583</td><td>0.3638</td></tr> <tr><td>K<sub>3</sub></td><td>0.2810</td><td>0.3332</td></tr> <tr><td>K<sub>4</sub></td><td>-0.3002</td><td>-0.3702</td></tr> <tr><td>K<sub>5</sub></td><td>-0.1961</td><td>-0.2053</td></tr> <tr><td>K<sub>6</sub></td><td>-0.2086</td><td>-0.3188</td></tr> <tr><td>K<sub>7</sub></td><td>-0.6355</td><td>-0.8365</td></tr> </tbody> </table> <p>1. <u>Trauma</u>, 3<sup>rd</sup> Edition, Moore, Mattox, Feliciano, 1996, pp. 61-62.</p>	0	0 - 54	1	55 - 64	2	65 - 74	3	75 - 84	4	>=85		Blunt	Penetrating	K <sub>0</sub>	-1.1570	-1.1350	K <sub>1</sub>	0.7705	1.0626	K <sub>2</sub>	0.6583	0.3638	K <sub>3</sub>	0.2810	0.3332	K <sub>4</sub>	-0.3002	-0.3702	K <sub>5</sub>	-0.1961	-0.2053	K <sub>6</sub>	-0.2086	-0.3188	K <sub>7</sub>	-0.6355	-0.8365
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K <sub>6</sub>	-0.2086	-0.3188																																							
K <sub>7</sub>	-0.6355	-0.8365																																							
Scores	N/A	B-Score Component of Anatomic Profile	B_SCORE	<p>Indicates the “B” component of the Anatomic Profile (AP), a score that was developed to compare groups of patients with similar injuries and is comprised of four scores (A, B, C, D). The first three components summarize all serious (AIS &gt; 2) injuries to (A) the head/brain and spinal cord, <b>(B) the thorax and front of the neck</b>, and (C) all remaining serious injuries, and are used in the calculation of ASCOT. (D) is a summary measure of all non-serious injuries &amp; is not used in the calculation</p> <p>AP component “B” is computed by taking the square root of the sum of squares of AIS scores for injury in AP component A. For example, a patient with two AIS 5 injuries and one AIS 3 injury in AP component B (injuries to the thorax and front of the neck) has a B score of 7.68 [<math>\sqrt{(5^2 + 5^2 + 3^2)}</math>]. If no injuries to the thorax and front of the neck were sustained, B = 0.</p>																																					
Scores	N/A	C-Score Component of Anatomic Profile	C_SCORE	<p>Indicates the “C” component of the Anatomic Profile (AP), a score that was developed to compare groups of patients with similar injuries and is comprised of four scores (A, B, C, D). The first three components summarize all serious (AIS &gt; 2) injuries to (A) the head/brain and spinal cord, (B) the thorax and front of the neck, and <b>(C) all remaining serious injuries</b>, and are used in the calculation of ASCOT. (D) is a summary measure of all non-serious injuries &amp; is not used in the calculation</p> <p>AP component “C” is computed by taking the square root of the sum of squares of AIS scores for injury in AP component C. For example, a patient with two AIS 5 injuries and one AIS 3 injury in AP component C (all remaining injuries) has a C score of 7.68 [<math>\sqrt{(5^2 +</math></p>																																					

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li>
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Section	Screen	Data Element Description	Collector Data Name	Definition
				$5^2 + 3^2$ ]. If no remaining serious injuries were sustained, C = 0.
Scores	N/A	D-Score Component of Anatomic Profile	D_SCORE	Indicates the “D” component of the Anatomic Profile (AP), a score that was developed to compare groups of patients with similar injuries and is comprised of four scores (A, B, C, D). The first three components summarize all serious (AIS > 2) injuries to (A) the head/brain and spinal cord, (B) the thorax and front of the neck, and (C) all remaining serious injuries, and are used in the calculation of ASCOT. <b>(D) is a summary measure of all non-serious injuries and is not used in the calculation of ASCOT.</b>  AP component “D” is computed by taking the square root of the sum of squares of AIS scores for injury in AP component D - all non-serious injuries.
Outcome	N/A	Discharge Status	DIS_STATUS	Indicates whether the patient lived, died, or whether the information is missing.  6 = lived 7 =died U = unknown
Scores	N/A	MTOS Etiology	ETIOLOGY	Etiology categorization of cause of injury for the Major Trauma Outcome Study (MTOS) using defined E-Code ranges and the variables E_CODE and E_CODE2.  1 = Motor Vehicle Accident 2 = Motorcycle Accident 3 = Pedestrian Accident 4 = Gunshot Wound 5 = Stabbing 6 = Fall 7 = Other
Scores	N/A	MTOS Primary Etiology	ET_MTOS1	Primary etiology categorization of cause of injury for the Major Trauma Outcome Study (MTOS) using defined E-Code ranges and the variables E_CODE and E_CODE2.  1 = Motor Vehicle Accident 2 = Motorcycle Accident 3 = Pedestrian Accident 4 = Gunshot Wound 5 = Stabbing 6 = Fall 7 = Other
Scores	N/A	MTOS Primary Etiology – Other	ET_MTOSO1	Primary other etiology categorization of cause of injury for the Major Trauma Outcome Study (MTOS) using defined E-Code ranges and the variables E_CODE and E_CODE2.  1 = Motor Vehicle Accident 2 = Motorcycle Accident 3 = Pedestrian Accident 4 = Gunshot Wound 5 = Stabbing 6 = Fall 70 = Hot/Corrosive Material Injury 71 = Pedal Cycle Accident 72 = Air/Water Craft 73 = Fire/Flame 74 = Struck By/Against and Object/Person 75 = Caught Between Objects 76 = Machinery/Powered Tools 77 = Fight/Assault/Abuse 78 = Animal Related 79 = Other

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Section	Screen	Data Element Description	Collector Data Name	Definition
Scores	N/A	MTOS Secondary Etiology	ET_MTOS2	Secondary etiology categorization of cause of injury for the Major Trauma Outcome Study (MTOS) using defined E-Code ranges and the variables E_CODE and E_CODE2. See MTOS Primary Etiology (ET_MTOS1) for values.
Scores	N/A	MTOS Secondary Etiology – Other	ET_MTOSO2	Secondary other etiology categorization of cause of injury for the Major Trauma Outcome Study (MTOS) using defined E-Code ranges and the variables E_CODE and E_CODE2. See MTOS Primary Etiology - Other (ET_MTOSO1) for values.
Scores	N/A	ACE Primary Etiology	ET_ECATA1	Primary etiology categorization of cause of injury for Alternate Classification of E-Code (ACE) using defined E-Code ranges and the variables E_CODE and E_CODE2.  11 = MV Traffic 12 = Motorcycle 13 = Pedestrian 14 = Pedal cyclist 15 = Other Transport 16 = Falls 17 = Fire/Burn 18 = Inhalation 19 = Machinery 20 = Natural/Environmental 21 = Overexertion 22 = Poisoning 23 = Submersion/Suffocation/Foreign Bodies 24 = Struck By/Against 25 = GSW 26 = Stabbing 27 = Other Suicides 28 = Other Assault 29 = Other Cause – Specified 30 = Other Cause – Unspecified
Scores	N/A	ACE Primary Etiology – Detailed	ET_ECATA1D1	Primary detailed etiology categorization of cause of injury for Alternate Classification of E-Code (ACE) using defined E-Code ranges and the variables E_CODE and E_CODE2.  1110 = MV Traffic – Unintentional 1120 = MV Traffic – Intentional, Self-Inflicted 1130 = MV Traffic – Undetermined Intent 1210 = Motorcycle – MV Traffic 1220 = Motorcycle – Other 1310 = Pedestrian – MV Traffic 1320 = Pedestrian – Other 1410 = Pedal cyclist – MV Traffic 1420 = Pedal cyclist – Other 1510 = Other Transport – Railway 1520 = Other Transport – Water Transport 1531 = Other Transport – Air and Space – Unintentional 1532 = Other Transport – Air and Space – Intentional, Self-Inflicted 1533 = Other Transport – Air and Space – Undetermined Intent 1541 = Other Transport – Other – Unintentional 1542 = Other Transport – Other – Intentional 1610 = Falls – Unintentional 1620 = Falls – Intentional, Assault 1630 = Falls – Intentional, Self-Inflicted 1640 = Falls – Undetermined Intent 1711 = Fire/Burn – Fire/Flame – Unintentional 1712 = Fire/Burn – Fire/Flame – Intentional, Assault 1713 = Fire/Burn – Fire/Flame – Intentional, Self-Inflicted 1714 = Fire/Burn – Fire/Flame – Undetermined Intent 1721 = Fire/Burn – Hot Object/Substance – Unintentional

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Section	Screen	Data Element Description	Collector Data Name	Definition
				1722 = Fire/Burn – Hot Object/Substance – Intentional, Assault 1723 = Fire/Burn – Hot Object/Substance – Intentional, Self-Inflicted 1724 = Fire/Burn – Hot Object/Substance – Undetermined Intent 1731 = Fire/Burn – Electric Current – Unintentional 1732 = Fire/Burn – Electric Current – Intentional, Self-Inflicted 1733 = Fire/Burn – Electric Current – Undetermined Intent 1810 = Inhalation – Unintentional 1820 = Inhalation – Intentional, Self-Inflicted 1900 = Machinery 2010 = Natural/Environmental – Unintentional 2020 = Natural/Environmental – Intentional, Self-Inflicted 2030 = Natural/Environmental – Undetermined Intent 2040 = Natural/Environmental – Bites and Stings 2100 = Overexertion 2211 = Poisoning – Drugs/Medicinal/Biological – Unintentional 2212 = Poisoning – Drugs/Medicinal/Biological – Intentional, Assault 2213 = Poisoning – Drugs/Medicinal/Biological – Intentional, Self-Inflicted 2214 = Poisoning – Drugs/Medicinal/Biological – Undetermined Intent 2221 = Poisoning – Not Drug Related – Unintentional 2222 = Poisoning – Not Drug Related – Intentional, Assault 2223 = Poisoning – Not Drug Related – Intentional, Self-Inflicted 2224 = Poisoning – Not Drug Related – Undetermined Intent 2225 = Poisoning – Not Drug Related – Legal Intervention 2310 = Submersion/Suffocation/Foreign Bodies – Unintentional 2320 = Submersion/Suffocation/Foreign Bodies – Intentional, Assault 2330 = Submersion/Suffocation/Foreign Bodies – Intentional, Self-Inflicted 2340 = Submersion/Suffocation/Foreign Bodies – Undetermined Intent 2410 = Struck By/Against – Falling Object 2420 = Struck By/Against – In Sports 2431 = Struck By/Against – Other – Unintentional 2432 = Struck By/Against – Other – Intentional 2433 = Struck By/Against – Other – Legal Intervention 2510 = GSW – Unintentional 2520 = GSW – Intentional, Assault 2530 = GSW – Intentional, Self-Inflicted 2540 = GSW – Undetermined Intent 2550 = GSW – Legal Intervention 2610 = Stabbing – Unintentional 2620 = Stabbing – Intentional, Assault 2630 = Stabbing – Intentional, Self-Inflicted 2640 = Stabbing – Undetermined Intent 2650 = Stabbing – Legal Intervention 2700 = Other Suicides 2800 = Other Assaults 2900 = Other Cause – Specified 3000 = Other Cause - Unspecified
Scores	N/A	ACE Secondary Etiology	ET_ECATA2	Secondary etiology categorization of cause of injury for Alternate Classification of E-Code (ACE) using defined E-Code ranges and the variables E_CODE and E_CODE2. See ACE Primary Etiology (ET_ECATA1) for values.
Scores	N/A	ACE Secondary Etiology – Detailed	ET_ECATA2D	Secondary detailed etiology categorization of cause of injury for Alternate Classification of E-Code (ACE) using defined E-Code ranges and the variables E_CODE and E_CODE2. See ACE Primary Etiology – Detailed (ET_ECATA2D1) for values.
Scores	N/A	Primary Etiology by E-Code Groups	ET_EC1	Primary etiology by E-Code Groups categorization using defined E-Code ranges and the variables E_CODE and E_CODE2.  1 = Railway Accidents 2 = Motor Vehicle Traffic 3 = Motor Vehicle Nontraffic

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Section	Screen	Data Element Description	Collector Data Name	Definition
				4 = Other Road Vehicle 5 = Pedal Cycles 6 = Water Transport 7 = Air & Space Transport 8 = Vehicle Accidents NEC 9 = Falls 10 = Fire and Flames 11 = Hot Substance or Object 12 = Drowning and Suffocation 13 = Homicide & Assault 14 = Suicide & Self-Inflicted 15 = Undetermined if Accidental or SI 16 = Cutting or Piercing 17 = Firearm Missile 18 = Natural & Environmental Factors 19 = Foreign Bodies 20 = Struck by Object or Persons in Sports 21 = Caused by Machinery 22 = Legal Interventions 23 = Operations of War 24 = Other Accidents 25 = Terrorism 99 = Other
Scores	N/A	Primary Etiology by E-Code Groups – Detailed	ET_ECD1	Primary detailed etiology by E-Code Groups categorization using defined E-Code ranges and the variables E_CODE and E_CODE2.  10 = Railway Accidents 20 = Motor Vehicle Traffic 30 = Motor Vehicle Nontraffic 40 = Other Road Vehicle 50 = Pedal Cycles 60 = Water Transport 70 = Air & Space Transport 80 = Vehicle Accidents NEC 91 = Falls – Playground 92 = Falls – Sports 93 = Falls – Other 100 = Fire and Flames 110 = Hot Substance or Object 120 = Drowning and Suffocation 130 = Homicide & Assault 140 = Suicide & Self-Inflicted 150 = Undetermined if Accidental or SI 160 = Cutting or Piercing 170 = Firearm Missile 180 = Natural & Environmental Factors 190 = Foreign Bodies 200 = Struck by Object or Persons in Sports 211 = Caused by Machinery – Agriculture 212 = Caused by Machinery - Other 220 = Legal Interventions 230 = Operations of War 241 = Other Accidents – Falling Objects 242 = Other Accidents – By Object or Person 243 = Other Accidents – Caught In or Between 244 = Other Accidents – Explosion of Pressure Vehicle 245 = Other Accidents – Explosive Material 246 = Other Accidents – Electric Current 247 = Other Accidents – Radiation/Exposure

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Section	Screen	Data Element Description	Collector Data Name	Definition
				248 = Other Accidents – Over-exertion 249 = Other Accidents – Other/Unspecified Accident 250 = Terrorism 990 = Other
Scores	N/A	Secondary Etiology by E-Code Groups	ET_EC2	Secondary etiology by E-Code Groups categorization using defined E-Code ranges and the variables E_CODE and E_CODE2. See Primary Etiology by E-Code Groups (ET_EC1) for values.
Scores	N/A	Secondary Etiology by E-Code Groups - Detailed	ET_ECD2	Secondary detailed etiology by E-Code Groups categorization using defined E-Code ranges and the variables E_CODE and E_CODE2. See Primary Etiology by E-Code Groups – Detailed (ET_ECD1) for values.
Scores	N/A	Functional Independence Measure (FIM)	FIM	The Functional Independence Measure (FIM) was developed to characterize patient disability resulting from trauma or non-trauma causes. Three FIM components are chosen to provide a useful summary measure of patient disability at discharge from acute care: self feeding, expression, and locomotion. The sum of the three components determines the FIM Score. See also D_DISABL_F, D_DISABL_E, and D_DISABL_L.
Scores	N/A	ASCOT Component G	G_SCORE_A	Indicates the value of emergency department GCS, <b>coded for RTS</b> . It is used in the computation of ASCOT. See also RTS_A.
Scores	N/A	Highest Overall Abbreviated Injury Score (AIS)	MAXIMUM_AIS	Indicates the highest AIS score for all six body regions. MAXIMUM_AIS is used in the calculation of ISS. Values range from 1 (minor) to 6 (nearly always fatal). If the highest overall AIS score is a 6, the ISS is automatically assigned a maximum value of 75. See also AIS_01, MAXIMUM_AIS_1, and ISS.
Scores	N/A	Highest Abbreviated Injury Score (AIS) For Body Region 1	MAXIMUM_AIS_1	The highest AIS score for body region 1: head/neck. The highest AIS scores for all six defined body regions are used in the calculation of Injury Severity Score (ISS). Values range from 1 (minor) to 6 (nearly always fatal) and are based upon which AIS Version is being used. See also AIS_VERSION, AIS_01, and ISS.
Scores	N/A	Highest Abbreviated Injury Score (AIS) For Body Region 2	MAXIMUM_AIS_2	The highest AIS score for body region 2: face. See MAXIMUM_AIS_1 for a complete definition and values.
Scores	N/A	Highest Abbreviated Injury Score (AIS) For Body Region 3	MAXIMUM_AIS_3	The highest AIS score for body region 3: thorax. See MAXIMUM_AIS_1 for a complete definition and values.
Scores	N/A	Highest Abbreviated Injury Score (AIS) For Body Region 4	MAXIMUM_AIS_4	The highest AIS score for body region 4: abdominal or pelvic contents. See MAXIMUM_AIS_1 for a complete definition and values.
Scores	N/A	Highest Abbreviated Injury Score (AIS) For Body Region 5	MAXIMUM_AIS_5	The highest AIS score for body region 5: extremities or pelvic girdle. See MAXIMUM_AIS_1 for a complete definition and values.
Scores	N/A	Highest Abbreviated Injury Score	MAXIMUM_AIS_6	The highest AIS score for body region 6: external structures. See MAXIMUM_AIS_1 for a complete definition and values.

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Section	Screen	Data Element Description	Collector Data Name	Definition
		(AIS) For Body Region 6		
Scores	N/A	ASCOT Component R	R_SCORE_A	Indicates the value of emergency department respiratory rate, <b>coded for RTS</b> . It is used in the computation of ASCOT. See also ASCOT.
Scores	N/A	ASCOT Component S	S_SCORE_A	Indicates the value of emergency department systolic blood pressure, <b>coded for RTS</b> . It is used in the computation of ASCOT. See also ASCOT.
Pre-H/Transfer	N/A	Scene Time in Minutes	SCENE_TIME	The elapsed time (in minutes) between arrival of the 1 <sup>st</sup> unit at the scene and departure of the patient from the scene. Valid values are from 000 to 999.
ED Data	N/A	Temperature in Centigrade	TEMP_C	<i>Calculated</i> temperature in <i>Centigrade</i> if the recorded temperature (TEMP_E) is entered in Fahrenheit.
ED Data	N/A	Temperature in Fahrenheit	TEMP_F	<i>Calculated</i> temperature in <i>Fahrenheit</i> if the recorded temperature (TEMP_E) is entered in Centigrade.
ED Data	NA	ED Length of Stay (Hours)	ED_HOURS	A Collector computed data element defined as the elapsed time (in hours) from ED Arrival to ED Discharge.
ED Data	NA	ED Length of Stay (Minutes)	ED_MINUTES	A Collector computed data element defined as the elapsed time (in minutes) from ED Arrival to ED Discharge.
Outcomes	NA	Hospital Days	HOSP_DAYS	A Collector computed data element defined as the number of days spent in the hospital beginning with ED Arrival and ending with Hospital Discharge. The day of arrival is counted as a Hospital Day; the day of discharge is not. DOA's are assigned 0 Hospital Days. <ul style="list-style-type: none"> <li>• Examples: <ol style="list-style-type: none"> <li>1) A patient that arrived on 01/01/2004 and was discharged on 01/01/2004 will have 1 hospital day.</li> <li>2) A patient that arrived on 01/01/2004 and was discharged on 01/03/2004 will have 2 hospital days.</li> </ol> </li> </ul>
Outcomes	NA	In-Patient Hospital Days	ED_INPATIENT_DAYS	A Collector computed data element defined as the number of days spent in the hospital beginning with ED Arrival and ending with Hospital Discharge. The calculation is similar to Hospital Days, except In-patient Hospital Days are 0 for all patients that die in (including DOA's) or are discharged from the ED.
Outcomes	NA	In-Patient Days	INPATIENT_DAYS	A Collector computed data element defined as the number of days spent in the hospital beginning with ED Discharge and ending with Hospital Discharge. All patients that die in (including DOA's) or are discharged from the ED are assigned 0 In-patient Days.
Outcomes	NA	Hospital Length of Stay (Hours)	HOSP_HOURS	A Collector computed data element defined as the number of hours from ED Arrival to Hospital Discharge. Both dates and times are needed for this calculation.
Outcomes	NA	Hospital Length of Stay (Minutes)	HOSP_MINUTES	A Collector computed data element defined as the number of minutes from ED Arrival to Hospital Discharge. Both dates and times are needed for this calculation.
Outcomes	NA	In-Patient Length of Stay (Hours)	INPATIENT_HOURS	A Collector computed data element defined as the number of hours from ED Discharge to Hospital Discharge. Both dates and times are needed for this calculation.
Outcomes	NA	In-Patient Length of Stay (Minutes)	INPATIENT_MINUTES	A Collector computed data element defined as the number of minutes from ED Discharge to Hospital Discharge. Both dates and times are needed for this calculation.

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## Appendix I

### E849.x Place of Occurrence Details

The E849.x series is for use to denote the place where an injury or poisoning occurred.

#### E849.0 HOME

- Apartment
- Boardinghouse
- Farmhouse
- Home premises
- House (residential)
- Noninstitutional place of residence
- Private
  - Driveway
  - Garage
  - Garden
  - Home
  - Walk
- Swimming Pool in private house or garden
- Yard of Home
- **Excludes**
  - home under construction but not yet occupied (E849.3)
  - institutional place of residence (E849.7)

#### E849.1 FARM

- Buildings
- Land under cultivation
- **Excludes** farmhouse and home premises of farm (E849.0)

#### E849.2 MINE and QUARRY

- Gravel pit
- Sand pit
- Tunnel under construction

#### E849.3 INDUSTRIAL PLACE AND PREMISES

- Building under construction
- Dockyard
- Dry dock
- Factory
  - Building
  - Premises
- Garage (place of work)
- Industrial yard
- Loading platform (factory) (store)
- Plant, Industrial
- Railway yard
- Shop (place of work)
- Warehouse
- Workhouse

#### E849.4 PLACE FOR RECREATION AND SPORT

- Amusement park
- Baseball field
- Basketball court
- Beach resort
- Cricket ground
- Fives court
- Football field
- Golf course
- Gymnasium
- Hockey field
- Holiday camp
- Ice palace
- Lake resort
- Mountain resort
- Playground, including school playground
- Public park
- Racecourse
- Resort, Not Otherwise Specified
- Riding school
- Rifle range
- Seashore resort
- Skating rink
- Sports ground
- Sports palace
- Stadium
- Swimming pool, public
- Tennis court
- Vacation resort

**Excludes** that in private house or garden (E849.0)

#### E849.5 STREET AND HIGHWAY

**E849.6 PUBLIC BUILDING:** Building (including adjacent grounds) used by the general public or by a particular group of the public, such as:

- Airport
- Bank
- Café
- Casino
- Church
- Cinema
- Clubhouse
- Courthouse
- Dance hall
- Garage building (for car storage)
- Hotel
- Market (grocery or other commodity)
- Movie house

- Music hall
- Nightclub
- Office
- Office building
- Opera house
- Post office
- Public hall
- Radio broadcasting station
- Restaurant
- School (state) (public) (private)
- Shop, commercial
- Station (bus) (railway)
- Store
- Theater
- **Excludes**
  - home garage (E849.0)
  - Industrial building or workplace (E849.3)

#### E849.7 RESIDENTIAL INSTITUTION

- Children's home
- Dormitory
- Hospital
- Jail
- Old people's home
- Orphanage
- Prison
- Reform school

#### E849.8 Other specified places

- Beach, Not Otherwise Specified
- Canal
- Caravan site, Not Otherwise Specified
- Derelict house
- Desert
- Dock
- Forest
- Harbor
- Hill
- Lake, Not Otherwise Specified
- Mountain
- Parking lot
- Parking place
- Pond or pool (natural)
- Prairie
- Public place, Not Otherwise Specified
- Railway line
- Reservoir
- River

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- Sea
- Seashore, Not Otherwise Specified
- Stream

- Swamp
- Trailer court
- Woods

**E849.9 UNSPECIFIED PLACE**

**Appendix II**

**External Cause of Injury (Ecode)**

800.0	Railway Collision w/ Rolling Stock - Railway Employee	806.3	Oth Spec Railway Accident - Pedal Cyclist
800.1	Railway Collision w/ Rolling Stock - Railway Passenger	806.8	Oth Spec Railway Accident - Oth Person
800.2	Railway Collision w/ Rolling Stock - Pedestrian	806.9	Oth Spec Railway Accident - Unspec Person
800.3	Railway Collision w/ Rolling Stock - Pedal Cyclist	807.0	Railway, Unspec Nature - Railway Employee
800.8	Railway Collision w/ Rolling Stock - Oth Person	807.1	Railway, Unspec Nature - Railway Passenger
800.9	Railway Collision w/ Rolling Stock - Unspec Person	807.2	Railway, Unspec Nature - Pedestrian
801.0	Railway Collision w/ Oth Object - Railway Employee	807.3	Railway, Unspec Nature - Pedal Cyclist
801.1	Railway Collision w/ Oth Object - Railway Passenger	807.8	Railway, Unspec Nature - Oth Person
801.2	Railway Collision w/ Oth Object - Pedestrian	807.9	Railway, Unspec Nature - Unspec Person
801.3	Railway Collision w/ Oth Object - Pedal Cyclist	810.0	MVA Traffic, Collision w/ Train - Driver of MV, Non MC
801.8	Railway Collision w/ Oth Object - Oth Person	810.1	MVA Traffic, Collision w/ Train - Passenger in MV, Non MC
801.9	Railway Collision w/ Oth Object - Unspec Person	810.2	MVA Traffic, Collision w/ Train - Motorcyclist
802.0	Railway Derailment w/o Prior Collision - Railway Employee	810.3	MVA Traffic, Collision w/ Train - Passenger on Motorcycle
802.1	Railway Derailment w/o Prior Collision - Railway Passenger	810.4	MVA Traffic, Collision w/ Train - Occupant of Streetcar
802.2	Railway Derailment w/o Prior Collision - Pedestrian	810.5	MVA Traffic, Collision w/ Train - Occupant of Animal Veh
802.3	Railway Derailment w/o Prior Collision - Pedal Cyclist	810.6	MVA Traffic, Collision w/ Train - Pedal Cyclist
802.8	Railway Derailment w/o Prior Collision - Oth Person	810.7	MVA Traffic, Collision w/ Train - Pedestrian
802.9	Railway Derailment w/o Prior Collision - Unspec Person	810.8	MVA Traffic, Collision w/ Train - Oth Person
803.0	Railway Explosion, Fire, or Burning - Railway Employee	810.9	MVA Traffic, Collision w/ Train - Unspec Person
803.1	Railway Explosion, Fire, or Burning - Railway Passenger	811.0	MVA Traffic, Re-entr Collision w/ MV - Driver of MV, Non MC
803.2	Railway Explosion, Fire, or Burning - Pedestrian	811.1	MVA Traffic, Re-entr Collision w/ MV - Passenger in MV, Non MC
803.3	Railway Explosion, Fire, or Burning - Pedal Cyclist	811.2	MVA Traffic, Re-entr Collision w/ MV - Motorcyclist
803.8	Railway Explosion, Fire, or Burning - Oth Person	811.3	MVA Traffic, Re-entr Collision w/ MV - Passenger on Motorcycle
803.9	Railway Explosion, Fire, or Burning - Unspec Person	811.4	MVA Traffic, Re-entr Collision w/ MV - Occupant of Streetcar
804.0	Fall In, On, or From Railway Train - Railway Employee	811.5	MVA Traffic, Re-entr Collision w/ MV - Occupant of Animal Veh
804.1	Fall In, On, or From Railway Train - Railway Passenger	811.6	MVA Traffic, Re-entr Collision w/ MV - Pedal Cyclist
804.2	Fall In, On, or From Railway Train - Pedestrian	811.7	MVA Traffic, Re-entr Collision w/ MV - Pedestrian
804.3	Fall In, On, or From Railway Train - Pedal Cyclist	811.8	MVA Traffic, Re-entr Collision w/ MV - Oth Person
804.8	Fall In, On, or From Railway Train - Oth Person	811.9	MVA Traffic, Re-entr Collision w/ MV - Unspec Person
804.9	Fall In, On, or From Railway Train - Unspec Person	812.0	Oth MVA Traffic, Collision w/ MV - Driver of MV, Non MC
805.0	Railway, Hit by Rolling Stock - Railway Employee	812.1	Oth MVA Traffic, Collision w/ MV - Passenger in MV, Non MC
805.1	Railway, Hit by Rolling Stock - Railway Passenger	812.2	Oth MVA Traffic, Collision w/ MV - Motorcyclist
805.2	Railway, Hit by Rolling Stock - Pedestrian	812.3	Oth MVA Traffic, Collision w/ MV - Passenger on Motorcycle
805.3	Railway, Hit by Rolling Stock - Pedal Cyclist	812.4	Oth MVA Traffic, Collision w/ MV - Occupant of Streetcar
805.8	Railway, Hit by Rolling Stock - Oth Person	812.5	Oth MVA Traffic, Collision w/ MV - Occupant of Animal Veh
805.9	Railway, Hit by Rolling Stock - Unspec Person	812.6	Oth MVA Traffic, Collision w/ MV - Pedal Cyclist
806.0	Oth Spec Railway Accident - Railway Employee		
806.1	Oth Spec Railway Accident - Railway Passenger		
806.2	Oth Spec Railway Accident - Pedestrian		

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812.7	Oth MVA Traffic, Collision w/ MV - Pedestrian	816.3	MVA Traffic, Loss Control-No Collision - Passenger on Motorcycle
812.8	Oth MVA Traffic, Collision w/ MV - Oth Person	816.4	MVA Traffic, Loss Control-No Collision - Occupant of Streetcar
812.9	Oth MVA Traffic, Collision w/ MV - Unspec Person	816.5	MVA Traffic, Loss Control-No Collision - Occupant of Animal Veh
813.0	MVA Traffic, Collision w/ Oth Veh - Driver of MV, Non MC	816.6	MVA Traffic, Loss Control-No Collision - Pedal Cyclist
813.1	MVA Traffic, Collision w/ Oth Veh - Passenger in MV, Non MC	816.7	MVA Traffic, Loss Control-No Collision - Pedestrian
813.2	MVA Traffic, Collision w/ Oth Veh - Motorcyclist	816.8	MVA Traffic, Loss Control-No Collision - Oth Person
813.3	MVA Traffic, Collision w/ Oth Veh - Passenger on Motorcycle	816.9	MVA Traffic, Loss Control-No Collision - Unspec Person
813.4	MVA Traffic, Collision w/ Oth Veh - Occupant of Streetcar	817.0	Noncollision MVA Traffic, Board/Alight - Driver of MV, Non MC
813.5	MVA Traffic, Collision w/ Oth Veh - Occupant of Animal Veh	817.1	Noncollision MVA Traffic, Board/Alight - Passenger in MV, Non MC
813.6	MVA Traffic, Collision w/ Oth Veh - Pedal Cyclist	817.2	Noncollision MVA Traffic, Board/Alight - Motorcyclist
813.7	MVA Traffic, Collision w/ Oth Veh - Pedestrian	817.3	Noncollision MVA Traffic, Board/Alight - Passenger on Motorcycle
813.8	MVA Traffic, Collision w/ Oth Veh - Oth Person	817.4	Noncollision MVA Traffic, Board/Alight - Occupant of Streetcar
813.9	MVA Traffic, Collision w/ Oth Veh - Unspec Person	817.5	Noncollision MVA Traffic, Board/Alight - Occupant of Animal Veh
814.0	MVA Traffic, Collision w/ Pedestrian - Driver of MV, Non MC	817.6	Noncollision MVA Traffic, Board/Alight - Pedal Cyclist
814.1	MVA Traffic, Collision w/ Pedestrian - Passenger in MV, Non MC	817.7	Noncollision MVA Traffic, Board/Alight - Pedestrian
814.2	MVA Traffic, Collision w/ Pedestrian - Motorcyclist	817.8	Noncollision MVA Traffic, Board/Alight - Oth Person
814.3	MVA Traffic, Collision w/ Pedestrian - Passenger on Motorcycle	817.9	Noncollision MVA Traffic, Board/Alight - Unspec Person
814.4	MVA Traffic, Collision w/ Pedestrian - Occupant of Streetcar	818.0	Oth Noncollision MVA Traffic - Driver of MV, Non MC
814.5	MVA Traffic, Collision w/ Pedestrian - Occupant of Animal Veh	818.1	Oth Noncollision MVA Traffic - Passenger in MV, Non MC
814.6	MVA Traffic, Collision w/ Pedestrian - Pedal Cyclist	818.2	Oth Noncollision MVA Traffic – Motorcyclist
814.7	MVA Traffic, Collision w/ Pedestrian - Pedestrian	818.3	Oth Noncollision MVA Traffic - Passenger on Motorcycle
814.8	MVA Traffic, Collision w/ Pedestrian - Oth Person	818.4	Oth Noncollision MVA Traffic - Occupant of Streetcar
814.9	MVA Traffic, Collision w/ Pedestrian - Unspec Person	818.5	Oth Noncollision MVA Traffic - Occupant of Animal Veh
815.0	Oth MVA Traffic, Highway Collision - Driver of MV, Non MC	818.6	Oth Noncollision MVA Traffic - Pedal Cyclist
815.1	Oth MVA Traffic, Highway Collision - Passenger in MV, Non MC	818.7	Oth Noncollision MVA Traffic - Pedestrian
815.2	Oth MVA Traffic, Highway Collision - Motorcyclist	818.8	Oth Noncollision MVA Traffic - Oth Person
815.3	Oth MVA Traffic, Highway Collision - Passenger on Motorcycle	818.9	Oth Noncollision MVA Traffic - Unspec Person
815.4	Oth MVA Traffic, Highway Collision - Occupant of Streetcar	819.0	MVA Traffic, Unspec Nature - Driver of MV, Non MC
815.5	Oth MVA Traffic, Highway Collision - Occupant of Animal Veh	819.1	MVA Traffic, Unspec Nature - Passenger in MV, Non MC
815.6	Oth MVA Traffic, Highway Collision - Pedal Cyclist	819.2	MVA Traffic, Unspec Nature - Motorcyclist
815.7	Oth MVA Traffic, Highway Collision - Pedestrian	819.3	MVA Traffic, Unspec Nature - Passenger on Motorcycle
815.8	Oth MVA Traffic, Highway Collision - Oth Person	819.4	MVA Traffic, Unspec Nature - Occupant of Streetcar
815.9	Oth MVA Traffic, Highway Collision - Unspec Person	819.5	MVA Traffic, Unspec Nature - Occupant of Animal Veh
816.0	MVA Traffic, Loss Control-No Collision - Driver of MV, Non MC	819.6	MVA Traffic, Unspec Nature - Pedal Cyclist
816.1	MVA Traffic, Loss Control-No Collision - Passenger in MV, Non MC	819.7	MVA Traffic, Unspec Nature - Pedestrian
816.2	MVA Traffic, Loss Control-No Collision - Motorcyclist	819.8	MVA Traffic, Unspec Nature - Oth Person
		819.9	MVA Traffic, Unspec Nature - Unspec Person
		820.0	N-traffic Accident, Snow MV - Driver of MV, Non MC

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820.1	N-traffic Accident, Snow MV - Passenger in MV, Non MC	823.6	Oth MVA N-Traffic Collision,Stat Object - Pedal Cyclist
820.2	N-traffic Accident, Snow MV - Motorcyclist	823.7	Oth MVA N-Traffic Collision,Stat Object - Pedestrian
820.3	N-traffic Accident, Snow MV - Passenger on Motorcycle	823.8	Oth MVA N-Traffic Collision,Stat Object - Oth Person
820.4	N-traffic Accident, Snow MV - Occupant of Streetcar	823.9	Oth MVA N-Traffic Collision,Stat Object - Unspec Person
820.5	N-traffic Accident, Snow MV - Occupant of Animal Veh	824.0	Oth MVA N-Traffic, Board/Alight - Driver of MV, Non MC
820.6	N-traffic Accident, Snow MV - Pedal Cyclist	824.1	Oth MVA N-Traffic, Board/Alight - Passenger in MV, Non MC
820.7	N-traffic Accident, Snow MV - Pedestrian	824.2	Oth MVA N-Traffic, Board/Alight - Motorcyclist
820.8	N-traffic Accident, Snow MV - Oth Person	824.3	Oth MVA N-Traffic, Board/Alight - Passenger on Motorcycle
820.9	N-traffic Accident, Snow MV - Unspec Person	824.4	Oth MVA N-Traffic, Board/Alight - Occupant of Streetcar
821.0	N-traffic Accident, Oth Off-Road MV - Driver of MV, Non MC	824.5	Oth MVA N-Traffic, Board/Alight - Occupant of Animal Veh
821.1	N-traffic Accident, Oth Off-Road MV - Passenger in MV, Non MC	824.6	Oth MVA N-Traffic, Board/Alight - Pedal Cyclist
821.2	N-traffic Accident, Oth Off-Road MV - Motorcyclist	824.7	Oth MVA N-Traffic, Board/Alight - Pedestrian
821.3	N-traffic Accident, Oth Off-Road MV - Passenger on Motorcycle	824.8	Oth MVA N-Traffic, Board/Alight - Oth Person
821.4	N-traffic Accident, Oth Off-Road MV - Occupant of Streetcar	824.9	Oth MVA N-Traffic, Board/Alight - Unspec Person
821.5	N-traffic Accident, Oth Off-Road MV - Occupant of Animal Veh	825.0	Oth MVA N-Traffic, Oth & Unspec Nature - Driver of MV, Non MC
821.6	N-traffic Accident, Oth Off-Road MV - Pedal Cyclist	825.1	Oth MVA N-Traffic, Oth & Unspec Nature - Passenger in MV, Non MC
821.7	N-traffic Accident, Oth Off-Road MV - Pedestrian	825.2	Oth MVA N-Traffic, Oth & Unspec Nature - Motorcyclist
821.8	N-traffic Accident, Oth Off-Road MV - Oth Person	825.3	Oth MVA N-Traffic, Oth & Unspec Nature - Passenger on Motorcycle
821.9	N-traffic Accident, Oth Off-Road MV - Unspec Person	825.4	Oth MVA N-Traffic, Oth & Unspec Nature - Occupant of Streetcar
822.0	Oth MVA N-traffic Collision,Move Object - Driver of MV, Non MC	825.5	Oth MVA N-Traffic, Oth & Unspec Nature - Occupant of Animal Veh
822.1	Oth MVA N-traffic Collision,Move Object - Passenger in MV, Non MC	825.6	Oth MVA N-Traffic, Oth & Unspec Nature - Pedal Cyclist
822.2	Oth MVA N-traffic Collision,Move Object - Motorcyclist	825.7	Oth MVA N-Traffic, Oth & Unspec Nature - Pedestrian
822.3	Oth MVA N-traffic Collision,Move Object - Passenger on Motorcycle	825.8	Oth MVA N-Traffic, Oth & Unspec Nature - Oth Person
822.4	Oth MVA N-traffic Collision,Move Object - Occupant of Streetcar	825.9	Oth MVA N-Traffic, Oth & Unspec Nature - Unspec Person
822.5	Oth MVA N-traffic Collision,Move Object - Occupant of Animal Veh	826.0	Pedal Cycle Accident - Pedestrian
822.6	Oth MVA N-traffic Collision,Move Object - Pedal Cyclist	826.1	Pedal Cycle Accident - Pedal Cyclist
822.7	Oth MVA N-traffic Collision,Move Object - Pedestrian	826.2	Pedal Cycle Accident - Rider of Animal
822.8	Oth MVA N-traffic Collision,Move Object - Oth Person	826.3	Pedal Cycle Accident - Occupant of Animal-Drawn Veh
822.9	Oth MVA N-traffic Collision,Move Object - Unspec Person	826.4	Pedal Cycle Accident - Occupant of Streetcar
823.0	Oth MVA N-Traffic Collision,Stat Object - Driver of MV, Non MC	826.8	Pedal Cycle Accident - Oth Person
823.1	Oth MVA N-Traffic Collision,Stat Object - Passenger in MV, Non MC	826.9	Pedal Cycle Accident - Unspec Person
823.2	Oth MVA N-Traffic Collision,Stat Object - Motorcyclist	827.0	Animal-Drawn Veh Accident - Pedestrian
823.3	Oth MVA N-Traffic Collision,Stat Object - Passenger on Motorcycle	827.2	Animal-Drawn Veh Accident - Rider of Animal
823.4	Oth MVA N-Traffic Collision,Stat Object - Occupant of Streetcar	827.3	Animal-Drawn Veh Accident - Occupant of Animal-Drawn Veh
823.5	Oth MVA N-Traffic Collision,Stat Object - Occupant of Animal Veh	827.4	Animal-Drawn Veh Accident - Occupant of Streetcar

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827.8	Animal-Drawn Veh Accident - Oth Person	832.7	H2O Transport, Oth Submersion/Drown - Military watercraft, any type
827.9	Animal-Drawn Veh Accident - Unspec Person	832.8	H2O Transport, Oth Submersion/Drown - Oth Person
828.0	Accident, Ridden Animal - Pedestrian	832.9	H2O Transport, Oth Submersion/Drown - Unspec Person
828.2	Accident, Ridden Animal - Rider of Animal	833.0	H2O Transport, Stairs/Ladders Fall - Small Boater (Unpowered)
828.3	Accident, Ridden Animal - Occupant of Animal-Drawn Veh	833.1	H2O Transport, Stairs/Ladders Fall - Small Boater (Powered)
828.4	Accident, Ridden Animal - Occupant of Streetcar	833.2	H2O Transport, Stairs/Ladders Fall - Crew of Oth H2OCraft
828.8	Accident, Ridden Animal - Oth Person	833.3	H2O Transport, Stairs/Ladders Fall - Pass of Oth H2OCraft
828.9	Accident, Ridden Animal - Unspec Person	833.4	H2O Transport, Stairs/Ladders Fall - H2O Skier
829.0	Oth Road Veh Accidents - Pedestrian	833.5	H2O Transport, Stairs/Ladders Fall - Swimmer
829.4	Oth Road Veh Accidents - Occupant of Streetcar	833.6	H2O Transport, Stairs/Ladders Fall - Dockers/Stevedores
829.8	Oth Road Veh Accidents - Oth Person	833.7	H2O Transport, Stairs/Ladders Fall - Military watercraft, any type
829.9	Oth Road Veh Accidents - Unspec Person	833.8	H2O Transport, Stairs/Ladders Fall - Oth Person
830.0	H2OCraft Accident, Submersion - Small Boater (Unpowered)	833.9	H2O Transport, Stairs/Ladders Fall - Unspec Person
830.1	H2OCraft Accident, Submersion - Small Boater (Powered)	834.0	H2O Transport, Oth Multi-level Fall - Small Boater (Unpowered)
830.2	H2OCraft Accident, Submersion - Crew of Oth H2OCraft	834.1	H2O Transport, Oth Multi-level Fall - Small Boater (Powered)
830.3	H2OCraft Accident, Submersion - Pass of Oth H2OCraft	834.2	H2O Transport, Oth Multi-level Fall - Crew of Oth H2OCraft
830.4	H2OCraft Accident, Submersion - H2O Skier	834.3	H2O Transport, Oth Multi-level Fall - Pass of Oth H2OCraft
830.5	H2OCraft Accident, Submersion - Swimmer	834.4	H2O Transport, Oth Multi-level Fall - H2O Skier
830.6	H2OCraft Accident, Submersion - Dockers/Stevedores	834.5	H2O Transport, Oth Multi-level Fall - Swimmer
830.7	H2OCraft Accident, Submersion - Military watercraft, any type	834.6	H2O Transport, Oth Multi-level Fall - Dockers/Stevedores
830.8	H2OCraft Accident, Submersion - Oth Person	834.7	H2O Transport, Oth Multi-level Fall - Military watercraft, any type
830.9	H2OCraft Accident, Submersion - Unspec Person	834.8	H2O Transport, Oth Multi-level Fall - Oth Person
831.0	H2OCraft Accident, Oth Injury - Small Boater (Unpowered)	834.9	H2O Transport, Oth Multi-level Fall - Unspec Person
831.1	H2OCraft Accident, Oth Injury - Small Boater (Powered)	835.0	H2O Transport, Oth & Unspec Fall - Small Boater (Unpowered)
831.2	H2OCraft Accident, Oth Injury - Crew of Oth H2OCraft	835.1	H2O Transport, Oth & Unspec Fall - Small Boater (Powered)
831.3	H2OCraft Accident, Oth Injury - Pass of Oth H2OCraft	835.2	H2O Transport, Oth & Unspec Fall - Crew of Oth H2OCraft
831.4	H2OCraft Accident, Oth Injury - H2O Skier	835.3	H2O Transport, Oth & Unspec Fall - Pass of Oth H2OCraft
831.5	H2OCraft Accident, Oth Injury - Swimmer	835.4	H2O Transport, Oth & Unspec Fall - H2O Skier
831.6	H2OCraft Accident, Oth Injury - Dockers/Stevedores	835.5	H2O Transport, Oth & Unspec Fall - Swimmer
831.7	H2OCraft Accident, Oth Injury - Military watercraft, any type	835.6	H2O Transport, Oth & Unspec Fall - Dockers/Stevedores
831.8	H2OCraft Accident, Oth Injury - Oth Person	835.7	H2O Transport, Oth & Unspec Fall - Military watercraft, any type
831.9	H2OCraft Accident, Oth Injury - Unspec Person	835.8	H2O Transport, Oth & Unspec Fall - Oth Person
832.0	H2O Transport, Oth Submersion/Drown - Small Boater (Unpowered)	835.9	H2O Transport, Oth & Unspec Fall - Unspec Person
832.1	H2O Transport, Oth Submersion/Drown - Small Boater (Powered)	836.0	H2O Transport, Machinery Accident - Small Boater (Unpowered)
832.2	H2O Transport, Oth Submersion/Drown - Crew of Oth H2OCraft		
832.3	H2O Transport, Oth Submersion/Drown - Pass of Oth H2OCraft		
832.4	H2O Transport, Oth Submersion/Drown - H2O Skier		
832.5	H2O Transport, Oth Submersion/Drown - Swimmer		
832.6	H2O Transport, Oth Submersion/Drown - Dockers/Stevedores		

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836.1	H2O Transport, Machinery Accident - Small Boater (Powered)	840.4	Powered Aircraft, Tkoff/Land - Ground-Air Commercial Occupant
836.2	H2O Transport, Machinery Accident - Crew of Oth H2OCraft	840.5	Powered Aircraft, Tkoff/Land - Oth Powered Aircraft Occupant
836.3	H2O Transport, Machinery Accident - Pass of Oth H2OCraft	840.6	Powered Aircraft, Tkoff/Land - Unpowered Aircraft Occupant
836.4	H2O Transport, Machinery Accident - H2O Skier	840.7	Powered Aircraft, Tkoff/Land - Parachutist
836.5	H2O Transport, Machinery Accident - Swimmer	840.8	Powered Aircraft, Tkoff/Land - Ground Crew/Airline Employee
836.6	H2O Transport, Machinery Accident - Dockers/Stevedores	840.9	Powered Aircraft, Tkoff/Land - Oth Person
836.7	H2O Transport, Machinery Accident - Military watercraft, any type	841.0	Oth & Unspec Powered Aircraft - Spacecraft Occupant
836.8	H2O Transport, Machinery Accident - Oth Person	841.1	Oth & Unspec Powered Aircraft - Military Aircraft Occupant
836.9	H2O Transport, Machinery Accident - Unspec Person	841.2	Oth & Unspec Powered Aircraft - Ground-Ground Commercial Crew
837.0	H2OCraft Explosion, Fire, or Burning - Small Boater (Unpowered)	841.3	Oth & Unspec Powered Aircraft - Ground-Ground Commercial Occupant
837.1	H2OCraft Explosion, Fire, or Burning - Small Boater (Powered)	841.4	Oth & Unspec Powered Aircraft - Ground-Air Commercial Occupant
837.2	H2OCraft Explosion, Fire, or Burning - Crew of Oth H2OCraft	841.5	Oth & Unspec Powered Aircraft - Oth Powered Aircraft Occupant
837.3	H2OCraft Explosion, Fire, or Burning - Pass of Oth H2OCraft	841.6	Oth & Unspec Powered Aircraft - Unpowered Aircraft Occupant
837.4	H2OCraft Explosion, Fire, or Burning - H2O Skier	841.7	Oth & Unspec Powered Aircraft - Parachutist
837.5	H2OCraft Explosion, Fire, or Burning - Swimmer	841.8	Oth & Unspec Powered Aircraft - Ground Crew/Airline Employee
837.6	H2OCraft Explosion, Fire, or Burning - Dockers/Stevedores	841.9	Oth & Unspec Powered Aircraft - Oth Person
837.7	H2OCraft Explosion, Fire, or Burning - Military watercraft, any type	842.6	Unpowered Aircraft - Unpowered Aircraft Occupant
837.8	H2OCraft Explosion, Fire, or Burning - Oth Person	842.7	Unpowered Aircraft - Parachutist
837.9	H2OCraft Explosion, Fire, or Burning - Unspec Person	842.8	Unpowered Aircraft - Ground Crew/Airline Employee
838.0	Oth & Unspec H2O Transport Accident - Small Boater (Unpowered)	842.9	Unpowered Aircraft - Oth Person
838.1	Oth & Unspec H2O Transport Accident - Small Boater (Powered)	843.0	Fall In/ On/ From Aircraft - Spacecraft Occupant
838.2	Oth & Unspec H2O Transport Accident - Crew of Oth H2OCraft	843.1	Fall In/ On/ From Aircraft - Military Aircraft Occupant
838.3	Oth & Unspec H2O Transport Accident - Pass of Oth H2OCraft	843.2	Fall In/ On/ From Aircraft - Ground-Ground Commercial Crew
838.4	Oth & Unspec H2O Transport Accident - H2O Skier	843.3	Fall In/ On/ From Aircraft - Ground-Ground Commercial Occupant
838.5	Oth & Unspec H2O Transport Accident - Swimmer	843.4	Fall In/ On/ From Aircraft - Ground-Air Commercial Occupant
838.6	Oth & Unspec H2O Transport Accident - Dockers/Stevedores	843.5	Fall In/ On/ From Aircraft - Oth Powered Aircraft Occupant
838.7	Oth & Unspec H2O Transport Accident - Military watercraft, any type	843.6	Fall In/ On/ From Aircraft - Unpowered Aircraft Occupant
838.8	Oth & Unspec H2O Transport Accident - Oth Person	843.7	Fall In/ On/ From Aircraft - Parachutist
838.9	Oth & Unspec H2O Transport Accident - Unspec Person	843.8	Fall In/ On/ From Aircraft - Ground Crew/Airline Employee
840.0	Powered Aircraft, Tkoff/Land - Spacecraft Occupant	843.9	Fall In/ On/ From Aircraft - Oth Person
840.1	Powered Aircraft, Tkoff/Land - Military Aircraft Occupant	844.0	Oth Spec Air Transport - Spacecraft Occupant
840.2	Powered Aircraft, Tkoff/Land - Ground-Ground Commercial Crew	844.1	Oth Spec Air Transport - Military Aircraft Occupant
840.3	Powered Aircraft, Tkoff/Land - Ground-Ground Commercial Occupant	844.2	Oth Spec Air Transport - Ground-Ground Commercial Crew

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844.3	Oth Spec Air Transport - Ground-Ground Commercial Occupant	855.5	Acc Poison - Sympathomimetics [adrenergics]
		855.6	Acc Poison - Sympatholytics [antiadrenergics]
844.4	Oth Spec Air Transport - Ground-Air Commercial Occupant	855.8	Acc Poison - Oth Spec Drugs on Central/Autonomic Nervous System
844.5	Oth Spec Air Transport - Oth Powered Aircraft Occupant	855.9	Acc Poison - Unspec Drugs on Central/Autonomic Nervous System
844.6	Oth Spec Air Transport - Unpowered Aircraft Occupant	856.0	Acc Poison - Antibiotics
844.7	Oth Spec Air Transport - Parachutist	857.0	Acc Poison - Oth Anti-Infectives
844.8	Oth Spec Air Transport - Ground Crew/Airline Employee	858.0	Acc Poison - Hormones and Synthetic Substitutes
		858.1	Acc Poison - Primarily Systemic Agents
844.9	Oth Spec Air Transport - Oth Person	858.2	Acc Poison - Agents Mainly Affecting Blood Constituents
845.0	Spacecraft Accident - Spacecraft Occupant	858.3	Acc Poison - Agents Mainly Affecting Cardiovascular System
845.8	Spacecraft Accident - Ground Crew/Airline Employee	858.4	Acc Poison - Agents Mainly Affecting Gastrointestinal System
845.9	Spacecraft Accident - Oth Person	858.5	Acc Poison - H2O/Mineral/Uric Acid Metabolism Drugs
846.0	Powered Veh w/in Premises of Industrial/Commercial Establishment	858.6	Acc Poison - Agents act on Smooth,Skeletal Muscles & Respiratory
847.0	Accidents Involving Cable Cars Not Running on Rails	858.7	Acc Poison - Skin/Ophthalmological/Otorhinolaryngological/Dental
848.0	Accidents Involving Oth Veh, NEC	858.8	Acc Poison - Oth Spec Drugs
850.0	Acc Poison - Heroin	858.9	Acc Poison - Unspec Drug
850.1	Acc Poison - Methadone	860.0	Acc Poison - Alcoholic Beverages
850.2	Acc Poison - Oth Opiates and Related Narcotics	860.1	Acc Poison - Oth/Unspec Ethyl Alcohol and Its Products
850.3	Acc Poison - Salicylates	860.2	Acc Poison - Methyl Alcohol
850.4	Acc Poison - Aromatic Analgesics, NEC	860.3	Acc Poison - Isopropyl Alcohol
850.5	Acc Poison - Pyrazole Derivatives	860.4	Acc Poison - Fusel Oil
850.6	Acc Poison - Antirheumatics [antiphlogistics]	860.8	Acc Poison - Oth Spec Alcohols
850.7	Acc Poison - Oth Non-Narcotic Analgesics	860.9	Acc Poison - Unspec Alcohol
850.8	Acc Poison - Oth Spec Analgesics and Antipyretics	861.0	Acc Poison - Synthetic Detergents and Shampoos
850.9	Acc Poison - Unspec Analgesic or Antipyretic	861.1	Acc Poison - Soap Products
851.0	Acc Poison - Barbiturates	861.2	Acc Poison - Polishes
852.0	Acc Poison - Chloral Hydrate Group	861.3	Acc Poison - Oth Cleansing and Polishing Agents
852.1	Acc Poison - Paraldehyde	861.4	Acc Poison - Disinfectants
852.2	Acc Poison - Bromine Compounds	861.5	Acc Poison - Lead Paints
852.3	Acc Poison - Methaqualone Compounds	861.6	Acc Poison - Oth Paints and Varnishes
852.4	Acc Poison - Glutethimide Group	861.9	Acc Poison - Unspec
852.5	Acc Poison - Mixed Sedatives, NEC	862.0	Acc Poison - Petroleum Solvents
852.8	Acc Poison - Oth Spec Sedatives and Hypnotics	862.1	Acc Poison - Petroleum Fuels and Cleaners
852.9	Acc Poison - Unspec Sedative or Hypnotic	862.2	Acc Poison - Lubricating Oils
853.0	Acc Poison - Phenothiazine-based Tranquilizers	862.3	Acc Poison - Petroleum Solids
853.1	Acc Poison - Butyrophenone-based Tranquilizers	862.4	Acc Poison - Oth Spec Solvents
853.2	Acc Poison - Benzodiazepine-based Tranquilizers	862.9	Acc Poison - Unspec Solvent
853.8	Acc Poison - Oth Spec Tranquilizers	863.0	Acc Poison - Insecticides of Organochlorine Compounds
853.9	Acc Poison - Unspec Tranquilizer	863.1	Acc Poison - Insecticides of Organophosphorus Compounds
854.0	Acc Poison - Antidepressants	863.2	Acc Poison - Carbamates
854.1	Acc Poison - Psychodysleptics [hallucinogens]	863.3	Acc Poison - Mixtures of Insecticides
854.2	Acc Poison - Psychostimulants	863.4	Acc Poison - Oth and Unspec Insecticides
854.3	Acc Poison - Central Nervous System Stimulants	863.5	Acc Poison - Herbicides
854.8	Acc Poison - Oth Psychotropic Agents	863.6	Acc Poison - Fungicides
855.0	Acc Poison - Anticonvulsant & Anti-Parkinsonism Drugs		
855.1	Acc Poison - Oth Central Nervous System Depressants		
855.2	Acc Poison - Local Anesthetics		
855.3	Acc Poison - Parasympathomimetics [cholinergics]		
855.4	Acc Poison - Parasympatholytics/Spasmolytics		

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863.7	Acc Poison - Rodenticides	870.9	Cut/Hemorrhage During - Unspec Medical Care
863.8	Acc Poison - Fumigants	871.0	Foreign Object Left In Body- Surgical Operation
863.9	Acc Poison - Oth and Unspec	871.1	Foreign Object Left In Body- Infusion/Transfusion
864.0	Acc Poison - Corrosive Aromatics	871.2	Foreign Object Left In Body- Kidney Dialysis/Oth Perfusion
864.1	Acc Poison - Acids	871.3	Foreign Object Left In Body- Injection/Vaccination
864.2	Acc Poison - Caustic Alkalis	871.4	Foreign Object Left In Body- Endoscopic Examination
864.3	Acc Poison - Oth Spec Corrosives and Caustics	871.5	Foreign Object Left In Body- Aspiration/Puncture/Catheterization
864.4	Acc Poison - Unspec Corrosives and Caustics	871.6	Foreign Object Left In Body- Heart Catheterization
865.0	Acc Poison - Meat	871.7	Foreign Object Left In Body- Removal of Catheter or Packing
865.1	Acc Poison - Shellfish	871.8	Foreign Object Left In Body- Oth Spec Procedures
865.2	Acc Poison - Oth Fish	871.9	Foreign Object Left In Body- Unspec Procedure
865.3	Acc Poison - Berries and Seeds	872.0	Sterile Precautions Fail - Surgical Operation
865.4	Acc Poison - Oth Spec Plants	872.1	Sterile Precautions Fail - Infusion/Transfusion
865.5	Acc Poison - Mushrooms and Oth Fungi	872.2	Sterile Precautions Fail - Kidney Dialysis/Oth Perfusion
865.8	Acc Poison - Oth Spec Foods	872.3	Sterile Precautions Fail - Injection/Vaccination
865.9	Acc Poison - Unspec Foodstuff or Poisonous Plant	872.4	Sterile Precautions Fail - Endoscopic Examination
866.0	Acc Poison - Lead and Its Compounds and Fumes	872.5	Sterile Precautions Fail - Aspiration/Puncture/Catheterization
866.1	Acc Poison - Mercury and Its Compounds and Fumes	872.6	Sterile Precautions Fail - Heart Catheterization
866.2	Acc Poison - Antimony and Its Compounds and Fumes	872.8	Sterile Precautions Fail - Oth Spec Procedures
866.3	Acc Poison - Arsenic and Its Compounds and Fumes	872.9	Sterile Precautions Fail - Unspec Procedure
866.4	Acc Poison - Oth Metals and Their Compounds and Fumes	873.0	Dosage Fail - Excessive Blood/Fluid During (Trans/In)Fusion
866.5	Acc Poison - Plant Foods and Fertilizers	873.1	Dosage Fail - Incorrect Dilution of Fluid During Infusion
866.6	Acc Poison - Glues and Adhesives	873.2	Dosage Fail - Overdose of Radiation in Therapy
866.7	Acc Poison - Cosmetics	873.3	Dosage Fail - Accidental Radiation Exposure During Care
866.8	Acc Poison - Oth Spec Solid or Liquid Substances	873.4	Dosage Fail - Dosage Fail in Electroshock/Insulin-Shock Therapy
866.9	Acc Poison - Unspec Solid or Liquid Substance	873.5	Dosage Fail - Inappropriate Temperature in Application/Packing
867.0	Acc Poison by Gas Distributed by Pipeline	873.6	Dosage Fail - Nonadministration of Necessary Drug/Medicine
868.0	Acc Poison - Liquid Petroleum Gas in Mobile Containers	873.8	Dosage Fail - Oth Spec Dosage Fail
868.1	Acc Poison - Oth and Unspec Utility Gas	873.9	Dosage Fail - Unspec Dosage Fail
868.2	Acc Poison - Motor Veh Exhaust Gas	874.0	Instrument Mechanical Fail - Surgical Operation
868.3	Acc Poison - Carbon Monoxide-Incomplete Combustion Domestic Fuel	874.1	Instrument Mechanical Fail - Infusion/Transfusion
868.8	Acc Poison - Carbon Monoxide From Oth Sources	874.2	Instrument Mechanical Fail - Kidney Dialysis/Oth Perfusion
868.9	Acc Poison - Unspec Carbon Monoxide	874.3	Instrument Mechanical Fail - Endoscopic Examination
869.0	Acc Poison - Nitrogen Oxides	874.4	Instrument Mechanical Fail - Aspiration/Puncture/Catheterization
869.1	Acc Poison - Sulfur Dioxide	874.5	Instrument Mechanical Fail - Heart Catheterization
869.2	Acc Poison - Freon	874.8	Instrument Mechanical Fail - Oth Spec Procedures
869.3	Acc Poison - Lacrimogenic Gas [tear gas]	874.9	Instrument Mechanical Fail - Unspec Procedure
869.4	Acc Poison - Second Hand Tobacco Smoke	875.0	Contaminated Blood/Fluid/Drug/Bio Matter- Transfused/Infused
869.8	Acc Poison - Oth Spec Gases and Vapors	875.1	Contaminated Blood/Fluid/Drug/Bio Matter- Injected/Vaccination
869.9	Acc Poison - Unspec Gases and Vapors		
870.0	Cut/Hemorrhage During - Surgical Operation		
870.1	Cut/Hemorrhage During - Infusion/Transfusion		
870.2	Cut/Hemorrhage During - Kidney Dialysis/Oth Perfusion		
870.3	Cut/Hemorrhage During - Injection/Vaccination		
870.4	Cut/Hemorrhage During - Endoscopic Examination		
870.5	Cut/Hemorrhage During - Aspiration/Puncture/Catheterization		
870.6	Cut/Hemorrhage During - Heart Catheterization		
870.7	Cut/Hemorrhage During - Administration of Enema		
870.8	Cut/Hemorrhage During - Oth Spec Medical Care		

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875.2	Contaminated Blood/Fluid/Drug/Bio Matter- Administered, Oth Means	879.9	Oth Proc w/o Mention of Mishap - Unspec Procedure
875.8	Contaminated Blood/Fluid/Drug/Bio Matter- Oth	880.0	Fall On or From Stairs/Steps - Escalator
875.9	Contaminated Blood/Fluid/Drug/Bio Matter- Unspec	880.1	Fall On or From Stairs/Steps - Sidewalk Curb
876.0	Oth Misadventures During - Mismatched Blood in Transfusion	880.9	Fall On or From Stairs/Steps - Oth Stairs or Steps
876.1	Oth Misadventures During - Wrong Fluid in Infusion	881.0	Fall On or From Ladders/Scaffolding - Ladder
876.2	Oth Misadventures During - Surgery Suture/Ligature Failure	881.1	Fall On or From Ladders/Scaffolding - Scaffolding
876.3	Oth Misadventures During - Endotracheal Tube Wrongly Placed	882.0	Fall From or Out of Building/Other Structure
876.4	Oth Misadventures During - Failure, Intro/Remove Oth Instrument	883.0	Fall into Hole/Oth Surface Opening - Jump/Dive into H2O [pool]
876.5	Oth Misadventures During - Inappropriate Operation Performance	883.1	Fall into Hole/Oth Surface Opening - Well
876.6	Oth Misadventures During - Patient not scheduled for surgery	883.2	Fall into Hole/Oth Surface Opening - Storm Drain/Manhole
876.7	Oth Misadventures During - Correct Procedure on Wrong Side	883.9	Fall into Hole/Oth Surface Opening - Oth Hole/Surface Opening
876.8	Oth Misadventures - Oth Spec Misadventures During Care	884.0	Oth Multi-level Fall - Playground Equipment
876.9	Oth Misadventures - Unspec Misadventures During Care	884.1	Oth Multi-level Fall - Cliff
878.0	Surgery w/o Mention of Mishap - Transplant of Whole Organ	884.2	Oth Multi-level Fall - Chair
878.1	Surgery w/o Mention of Mishap - Implant of Artificial Device	884.3	Oth Multi-level Fall - Wheelchair
878.2	Surgery w/o Mention of Mishap - Anastomosis/Bypass/Graft-Tissue	884.4	Oth Multi-level Fall - Bed
878.3	Surgery w/o Mention of Mishap - Formation of External Stoma	884.5	Oth Multi-level Fall - Other Furniture
878.4	Surgery w/o Mention of Mishap - Oth Restorative Surgery	884.6	Oth Multi-level Fall - Commode Toilet
878.5	Surgery w/o Mention of Mishap - Amputation of Limb(s)	884.9	Oth Multi-level Fall - Oth Multi-Level Fall
878.6	Surgery w/o Mention of Mishap - Removal of Oth Organ, Part/Total	885.0	Fall on Same Level - Nonmotorized Scooter (10/2002)
878.8	Surgery w/o Mention of Mishap - Oth Spec Surgery & Procedures	885.1	Fall on Same Level - Roller/In-Line Skates
878.9	Surgery w/o Mention of Mishap - Unspec Surgery & Procedures	885.2	Fall on Same Level - Skateboard
879.0	Oth Proc w/o Mention of Mishap - Cardiac Catheterization	885.3	Fall on Same Level - Skis
879.1	Oth Proc w/o Mention of Mishap - Kidney Dialysis	885.4	Fall on Same Level - Snowboard
879.2	Oth Proc w/o Mention of Mishap - Radiology/Radiotherapy	885.9	Fall on Same Level - Other
879.3	Oth Proc w/o Mention of Mishap - Shock Therapy	886.0	Fall From Collision/Push/Shoving By, W/ Oth Person - In Sports
879.4	Oth Proc w/o Mention of Mishap - Aspiration of Fluid	886.9	Fall From Collision/Push/Shoving By, W/ Oth Person - Oth/Unspec
879.5	Oth Proc w/o Mention of Mishap - Insert Gastric/Duodenal Sound	887.0	Fracture, Cause Unspec
879.6	Oth Proc w/o Mention of Mishap - Urinary Catheterization	888.0	Oth and Unspec Fall - Resulting in Striking Sharp Object
879.7	Oth Proc w/o Mention of Mishap - Blood Sampling	888.1	Oth and Unspec Fall - Resulting in Striking Other Object
879.8	Oth Proc w/o Mention of Mishap - Oth Spec Procedures	888.8	Oth and Unspec Fall - Oth
		888.9	Oth and Unspec Fall - Unspec
		890.0	Private Dwelling Conflagration - Conflagration Explosion
		890.1	Private Dwelling Conflagration - Fumes from PVC Combustion
		890.2	Private Dwelling Conflagration - Oth Smoke and Fumes
		890.3	Private Dwelling Conflagration - Conflagration Burning
		890.8	Private Dwelling Conflagration - Oth Conflagration Accident
		890.9	Private Dwelling Conflagration - Unspec Conflagration Accident
		891.0	Oth/Unspec Building Conflagration- Conflagration Explosion
		891.1	Oth/Unspec Building Conflagration- Fumes from PVC Combustion

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891.2	Oth/Unspec Building Conflagration- Oth Smoke and Fumes	905.6	Poison/Toxic Reactions - Venomous H2O Animals/Plants
891.3	Oth/Unspec Building Conflagration- Conflagration Burning	905.7	Poison/Toxic Reactions - Oth Plants
891.8	Oth/Unspec Building Conflagration- Oth Conflagration Accident	905.8	Poison/Toxic Reactions - Oth Spec
891.9	Oth/Unspec Building Conflagration- Unspec Conflagration Accident	905.9	Poison/Toxic Reactions - Unspec
892.0	Conflagration Not in Building or Structure	906.0	Oth Injury by Animal - Dog Bite
893.0	Clothing Ignition - Controlled Fire in Private Dwelling	906.1	Oth Injury by Animal - Rat Bite
893.1	Clothing Ignition - Controlled Fire in Oth Building/Structure	906.2	Oth Injury by Animal - Bite of Nonvenomous Snakes/Lizards
893.2	Clothing Ignition - Controlled Fire Not in Building/Structure	906.3	Oth Injury by Animal - Oth Animal Bite (Except Arthropod)
893.8	Clothing Ignition - Oth Spec Sources	906.4	Oth Injury by Animal - Bite of Nonvenomous Arthropod
893.9	Clothing Ignition - Unspec Source	906.5	Oth Injury by Animal - Bite of Unspec Animal/Animal Bite NOS
894.0	Ignition of Highly Inflammable Material	906.8	Oth Injury by Animal - Oth Spec Injury Caused by Animal
895.0	Accident by Controlled Fire in Private Dwelling	906.9	Oth Injury by Animal - Unspec Injury Caused by Animal
896.0	Accident by Controlled Fire in Oth/Unspec Building/Structure	907.0	Lightning
897.0	Accident by Controlled Fire Not in Building/Structure	908.0	Cataclysmic Storms - Hurricane, Storm Surge, Tidal Wave, Typhoon
898.0	Accident by Oth Spec Fire and Flames - Burning Bedclothes	908.1	Cataclysmic Storms - Tornado, Cyclone, Twisters
898.1	Accident by Oth Spec Fire and Flames - Oth	908.2	Cataclysmic Storms - Floods, Torrential Rainfall, Flash Flood
899.0	Accident by Unspec Fire	908.3	Cataclysmic Storms - Blizzard (snow/ice)
900.0	Excessive Heat - Due to Weather Conditions	908.4	Cataclysmic Storms - Dust Storm
900.1	Excessive Heat - Of Man-Made Origin	908.8	Cataclysmic Storms - Oth Cataclysmic Storms
900.9	Excessive Heat - Of Unspec Origin	908.9	Cataclysmic Storms - Unspec Cataclysmic Storms/Storm NOS
901.0	Excessive Cold - Due to Weather Conditions	909.0	Cataclysmic Earth - Earthquakes
901.1	Excessive Cold - Of Man-Made Origin	909.1	Cataclysmic Earth - Volcanic Eruption, Burns from Lava/Ash Inhale
901.8	Excessive Cold - Oth Spec Origin	909.2	Cataclysmic Earth - Avalanche, Landslide, Mudslide
901.9	Excessive Cold - Of Unspec Origin	909.3	Cataclysmic Earth - Collapse of Dam or Man-made Structure
902.0	High/Low/Changing Air Pressure - High Altitude Residence/Visit	909.4	Cataclysmic Earth - Tidal Wave, Tidal Wave NOS, Tsunami
902.1	High/Low/Changing Air Pressure - In Aircraft	909.8	Cataclysmic Earth - Oth Cataclysmic Earth Movements/Eruptions
902.2	High/Low/Changing Air Pressure - Due to Diving	909.9	Cataclysmic Earth - Unspec Cataclysmic Earth Movements/Eruptions
902.8	High/Low/Changing Air Pressure - Due to Oth Spec Causes	910.0	Accidental Drown/Submersion - While H2O-Skiing
902.9	High/Low/Changing Air Pressure - Unspec Cause	910.1	Accidental Drown/Submersion - Oth Sport w/ Diving Equipment
903.0	Travel and Motion	910.2	Accidental Drown/Submersion - Oth Sport w/out Diving Equipment
904.0	Hunger/Thirst/Exposure/Neglect - Infant/Helpless Persons	910.3	Accidental Drown/Submersion - Swim/Diving for Non-Sport Purposes
904.1	Hunger/Thirst/Exposure/Neglect - Lack of Food	910.4	Accidental Drown/Submersion - In Bathtub
904.2	Hunger/Thirst/Exposure/Neglect - Lack of H2O	910.8	Accidental Drown/Submersion - Oth Accidental Drown/Submersion
904.3	Hunger/Thirst/Exposure/Neglect - Exposure(to Weather), NEC	910.9	Accidental Drown/Submersion - Unspec Accidental Drown/Submersion
904.9	Hunger/Thirst/Exposure/Neglect - Privation, Unqualified		
905.0	Poison/Toxic Reactions - Venomous Snakes/Lizards		
905.1	Poison/Toxic Reactions - Venomous Spiders		
905.2	Poison/Toxic Reactions - Scorpion		
95.3	Poison/Toxic Reactions - Hornets, Wasps, Bees		
905.4	Poison/Toxic Reactions - Centipede/Venomous Millipede (tropical)		
905.5	Poison/Toxic Reactions - Oth Venomous Arthropods		

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911.0	Inhalation & Ingestion of Food Causing Choking/Suffocation	920.3	Cutting Object Accident - Knives, Swords, and Daggers
912.0	Inhalation & Ingestion of Oth Object Causing Choking/Suffocation	920.4	Cutting Object Accident - Oth Hand Tools and Implements
913.0	Accidental Mechanical Suffocate- In Bed or Cradle	920.5	Cutting Object Accident - Hypodermic Needle, Contaminated Needle
913.1	Accidental Mechanical Suffocate- By Plastic Bag	920.8	Cutting Object Accident - Oth Spec Cut/Piercing Instrument/Object
913.2	Accidental Mechanical Suffocate- Lack of Air (In Closed Place)	920.9	Cutting Object Accident - Unspec Cut/Piercing Instrument/Object
913.3	Accidental Mechanical Suffocate- By Falling Earth/Oth Substance	921.0	Pressure Vessel Explosion Accident - Boilers
913.8	Accidental Mechanical Suffocate- Oth Spec Means	921.1	Pressure Vessel Explosion Accident - Gas Cylinders
913.9	Accidental Mechanical Suffocate- Unspec Means	921.8	Pressure Vessel Explosion Accident - Oth Spec Pressure Vessels
914.0	Foreign Body Accidentally Entering Eye and Adnexa	921.9	Pressure Vessel Explosion Accident - Unspec Pressure Vessel
915.0	Foreign Body Accidentally Entering Oth Orifice	922.0	Firearm Missile Accident - Handgun
916.0	Struck Accidentally by Falling Object	922.1	Firearm Missile Accident - Shotgun (Automatic)
917.0	Striking Against/Struck Accidentally - In Sports w/o Subseq Fall	922.2	Firearm Missile Accident - Hunting Rifle
917.1	Striking Against/Struck Accidentally - Crowd Fear/Panic w/o Subseq Fall	922.3	Firearm Missile Accident - Military Firearms
917.2	Striking Against/Struck Accidentally - In Running H2O w/o Subseq Fall	922.4	Firearm Missile Accident - Air Gun
917.3	Striking Against/Struck Accidentally - Furniture w/o Subseq Fall	922.5	Firearm Missile Accident - Paintball Gun
917.4	Striking Against/Struck Accidentally - Oth Stationary Object w/o Subseq Fall	922.8	Firearm Missile Accident - Oth Spec Firearm Missile
917.5	Striking Against/Struck Accidentally - In Sports w/ Subseq Fall	922.9	Firearm Missile Accident - Unspec Firearm Missile
917.6	Striking Against/Struck Accidentally - Crowd, Collective Fear/Panic w/ Subseq Fall	923.0	Explosive Material Accident - Fireworks
917.7	Striking Against/Struck Accidentally - Furniture w/ Subseq Fall	923.1	Explosive Material Accident - Blasting Materials
917.8	Striking Against/Struck Accidentally - Oth Stationary Object w/ Subseq Fall	923.2	Explosive Material Accident - Explosive Gases
917.9	Striking Against/Struck Accidentally - Oth w/ or w/o Subseq Fall	923.8	Explosive Material Accident - Oth Explosive Materials
918.0	Caught Accidentally In or Between Objects	923.9	Explosive Material Accident - Unspec Explosive Material
919.0	Machinery Accident - Agricultural Machines	924.0	Accident, Hot/Corrosive Material - Hot Liquids/Vapors/Steam
919.1	Machinery Accident - Mining and Earth-Drilling Machinery	924.1	Accident, Hot/Corrosive Material - Caustic/Corrosive Substances
919.2	Machinery Accident - Lifting Machines and Appliances	924.2	Accident, Hot/Corrosive Material - Hot (Boiling) Tap Water
919.3	Machinery Accident - Metalworking Machines	924.8	Accident, Hot/Corrosive Material - Oth
919.4	Machinery Accident - Woodworking and Forming Machines	924.9	Accident, Hot/Corrosive Material - Unspec
919.5	Machinery Accident - Prime Movers, Except Electrical Motors	925.0	Accident, Electric Current - Domestic Wiring and Appliances
919.6	Machinery Accident - Transmission Machinery	925.1	Accident, Electric Current - Electric Power Plants/Stations/Lines
919.7	Machinery Accident - Earth Moving/Scraping/Oth Excavating Machine	925.2	Accident, Electric Current - Industrial Wires/Appliance/Machinery
919.8	Machinery Accident - Oth Spec Machinery	925.8	Accident, Electric Current - Oth Electric Current
919.9	Machinery Accident - Unspec Machinery	925.9	Accident, Electric Current - Unspec Electric Current
920.0	Cutting Object Accident - Powered Lawn Mower	926.0	Radiation Exposure - Radiofrequency Radiation
920.1	Cutting Object Accident - Oth Powered Hand Tools	926.1	Radiation Exposure - Infra-red Heaters and Lamps
920.2	Cutting Object Accident - Powered Household Appliances/Implements	926.2	Radiation Exposure - Visible/Ultraviolet Light Sources
		926.3	Radiation Exposure - X-ray/Oth Electromagnetic Ionize Radiation
		926.4	Radiation Exposure - Lasers
		926.5	Radiation Exposure - Radioactive Isotopes

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926.8	Radiation Exposure - Oth Spec Radiation	931.5	Adverse Effects - Oth Antiprotozoal Drugs
926.9	Radiation Exposure - Unspec Radiation	931.6	Adverse Effects - Anthelmintics
927.0	Overexertion from sudden strenuous movement	931.7	Adverse Effects - Antiviral Drugs
927.1	Overexertion from prolonged static position	931.8	Adverse Effects - Oth Antimycobacterial Drugs
927.2	Excessive physical exertion from prolonged activity	931.9	Adverse Effects - Oth and Unspec Anti-Infectives
927.3	Cumulative trauma from repetitive motion	932.0	Adverse Effects - Adrenal Cortical Steroids
927.4	Cumulative trauma from repetitive impact	932.1	Adverse Effects - Androgens/Anabolic Cogeners
927.8	Other overexertion and strenuous and repetitive movements or loads	932.2	Adverse Effects - Ovarian Hormone/Synthetic Substitutes
927.9	Unspecified overexertion and strenuous and repetitive movements or loads	932.3	Adverse Effects - Insulins/Antidiabetic Agents
928.0	Oth/Unspec Environmental/Accidental - Stay in Weightless Environment	932.4	Adverse Effects - Anterior Pituitary Hormones
928.1	Oth/Unspec Environmental/Accidental - Exposure to Noise	932.5	Adverse Effects - Posterior Pituitary Hormones
928.2	Oth/Unspec Environmental/Accidental - Vibration	932.6	Adverse Effects - Parathyroid/Parathyroid Derivatives
928.3	Oth/Unspec Environmental/Accidental - Human Being Bite	932.7	Adverse Effects - Thyroid/Thyroid Derivatives
928.4	Oth/Unspec Environmental/Accidental - External Constriction Caused by Hair	932.8	Adverse Effects - Antithyroid Agents
928.5	Oth/Unspec Environmental/Accidental - External Constriction Caused by Other Obj	932.9	Adverse Effects - Oth/Unspec Hormones/Synthetic Substitutes
928.6	Oth/Unspec Environmental/Accidental - Exposure to Algae/Toxin	933.0	Adverse Effects - Antiallergic/Antiemetic Drugs
928.7	Oth/Unspec Environmental/Accidental - Component of Firearm or Gun	933.1	Adverse Effects - Antineoplastic/Immunosuppressive Drugs
928.8	Oth/Unspec Environmental/Accidental - Oth	933.2	Adverse Effects - Acidifying Agents
928.9	Oth/Unspec Environmental/Accidental - Unspec Accident	933.3	Adverse Effects - Alkalizing Agents
929.0	Late Effects of Injury - MVA	933.4	Adverse Effects - Enzymes, NEC
929.1	Late Effects of Injury - Oth Transport Accident	933.5	Adverse Effects - Vitamins, NEC
929.2	Late Effects of Injury - Accidental Poison	933.6	Adverse Effects - Oral Bisphosphonate
929.3	Late Effects of Injury - Accidental Fall	933.7	Adverse Effects - IV Bisphosphonate
929.4	Late Effects of Injury - Accident Caused by Fire	933.8	Adverse Effects - Oth Systemic Agents, NEC
929.5	Late Effects of Injury - Accident by Natural/Environment Factors	933.9	Adverse Effects - Unspec Systemic Agent
929.8	Late Effects of Injury - Oth Accidents	934.0	Adverse Effects - Iron and its Compounds
929.9	Late Effects of Injury - Unspec Accident	934.1	Adverse Effects - Liver Preparations/Oth Antianemic Agent
930.0	Adverse Effects - Penicillins	934.2	Adverse Effects - Anticoagulants
930.1	Adverse Effects - Antifungal Antibiotics	934.3	Adverse Effects - Vitamin K [Phytonadione]
930.2	Adverse Effects - Chloramphenicol Group	934.4	Adverse Effects - Fibrinolysis-Affecting Drugs
930.3	Adverse Effects - Erythromycin and Oth Macrolides	934.5	Adverse Effects - Anticoagulant Antagonists & Oth Coagulants
930.4	Adverse Effects - Tetracycline Group	934.6	Adverse Effects - Gamma Globulin
930.5	Adverse Effects - Cephalosporin Group	934.7	Adverse Effects - Natural Blood/Blood Products
930.6	Adverse Effects - Antimycobacterial Antibiotics	934.8	Adverse Effects - Oth Agents Affecting Blood Constituents
930.7	Adverse Effects - Antineoplastic Antibiotics	934.9	Adverse Effects - Unspec Agent Affecting Blood Constituents
930.8	Adverse Effects - Oth Spec Antibiotics	935.0	Adverse Effects - Heroin
930.9	Adverse Effects - Unspec Antibiotic	935.1	Adverse Effects - Methadone
931.0	Adverse Effects - Sulfonamides	935.2	Adverse Effects - Oth Opiates & Related Narcotics
931.1	Adverse Effects - Arsenical Anti-Infectives	935.3	Adverse Effects - Salicylates
931.2	Adverse Effects - Heavy Metal Anti-Infectives	935.4	Adverse Effects - Aromatic Analgesics, NEC
931.3	Adverse Effects - Quinoline/Hydroxyquinoline Derivatives	935.5	Adverse Effects - Pyrazole Derivatives
931.4	Adverse Effects - Antimalarial/Drug Act on Oth Blood Protozoa	935.6	Adverse Effects - Antirheumatics [Antiphlogistics]
		935.7	Adverse Effects - Oth Non-Narcotic Analgesics
		935.8	Adverse Effects - Oth Spec Analgesics/Antipyretics
		935.9	Adverse Effects - Unspec Analgesic/Antipyretic
		936.0	Adverse Effects - Oxazolidine Derivatives
		936.1	Adverse Effects - Hydantoin Derivatives
		936.2	Adverse Effects - Succinimides

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936.3	Adverse Effects - Oth/Unspec Anticonvulsants	942.6	Adverse Effects - Oth Antihypertensive Agents
936.4	Adverse Effects - Anti-Parkinsonism Drugs	942.7	Adverse Effects - Antivaricose Drugs/Sclerosing Agents
937.0	Adverse Effects - Barbiturates	942.8	Adverse Effects - Capillary-Active Drugs
937.1	Adverse Effects - Chloral Hydrate Group	942.9	Adverse Effects - Oth & Unspec Agents on Cardiovascular System
937.2	Adverse Effects - Paraldehyde	943.0	Adverse Effects - Antacids/Antigastric Secretion Drugs
937.3	Adverse Effects - Bromine Compounds	943.1	Adverse Effects - Irritant Cathartics
937.4	Adverse Effects - Methaqualone Compounds	943.2	Adverse Effects - Emollient Cathartics
937.5	Adverse Effects - Glutethimide Group	943.3	Adverse Effects - Oth Cathartic/Intestinal Atonia Drugs
937.6	Adverse Effects - Mixed Sedatives, NEC	943.4	Adverse Effects - Digestants
937.8	Adverse Effects - Oth Sedatives/Hypnotics	943.5	Adverse Effects - Antidiarrheal Drugs
937.9	Adverse Effects - Unspec	943.6	Adverse Effects - Emetics
938.0	Adverse Effects - Central Nervous System Muscle-Tone Depressants	943.8	Adverse Effects - Oth Spec Agents on Gastrointestinal System
938.1	Adverse Effects - Halothane	943.9	Adverse Effects - Unspec Agent on Gastrointestinal System
938.2	Adverse Effects - Oth Gaseous Anesthetics	944.0	Adverse Effects - Mercurial Diuretics
938.3	Adverse Effects - Intravenous Anesthetics	944.1	Adverse Effects - Purine Derivative Diuretics
938.4	Adverse Effects - Oth/Unspec General Anesthetics	944.2	Adverse Effects - Carbon Acid Anhydrase Inhibitors
938.5	Adverse Effects - Surface/Infiltration Anesthetics	944.3	Adverse Effects - Saluretics
938.6	Adverse Effects - Peripheral Nerve & Plexus-Blocking Anesthetics	944.4	Adverse Effects - Oth Diuretics
938.7	Adverse Effects - Spinal Anesthetics	944.5	Adverse Effects - Electrolytic, Caloric, H2O-Balance Agents
938.9	Adverse Effects - Oth/Unspec Local Anesthetics	944.6	Adverse Effects - Oth Mineral Salts, NEC
939.0	Adverse Effects - Antidepressants	944.7	Adverse Effects - Uric Acid Metabolism Drugs
939.1	Adverse Effects - Phenothiazine-Based Tranquilizers	945.0	Adverse Effects - Oxytocic Agents
939.2	Adverse Effects - Butyrophenone-Based Tranquilizers	945.1	Adverse Effects - Smooth Muscle Relaxants
939.3	Adverse Effects - Oth Antipsychotic/Neuroleptic/Maj Tranquilizer	945.2	Adverse Effects - Skeletal Muscle Relaxants
939.4	Adverse Effects - Benzodiazepine-Based Tranquilizers	945.3	Adverse Effects - Oth & Unspec Drugs Acting on Muscles
939.5	Adverse Effects - Oth Tranquilizers	945.4	Adverse Effects - Antitussives
939.6	Adverse Effects - Psychodysleptics [hallucinogens]	945.5	Adverse Effects - Expectorants
939.7	Adverse Effects - Psychostimulants	945.6	Adverse Effects - Anti-Common Cold Drugs
939.8	Adverse Effects - Oth Psychotropic Agents	945.7	Adverse Effects - Antiasthmatics
939.9	Adverse Effects - Unspec Psychotropic Agent	945.8	Adverse Effects - Oth & Unspec Respiratory Drugs
940.0	Adverse Effects - Analeptics	946.0	Adverse Effects - Local Anti-Infectives & Anti-Inflammatory Drug
940.1	Adverse Effects - Opiate Antagonists	946.1	Adverse Effects - Antipruritics
940.8	Adverse Effects - Oth Spec Central Nervous System Stimulants	946.2	Adverse Effects - Local Astringents & Local Detergents
940.9	Adverse Effects - Unspec Central Nervous System Stimulant	946.3	Adverse Effects - Emollients, Demulcents, and Protectants
941.0	Adverse Effects - Parasympathomimetics [cholinergics]	946.4	Adverse Effects - Keratolytics, Keratoplastics, Hair Treatments
941.1	Adverse Effects - Parasympatholytics/Spasmolytics	946.5	Adverse Effects - Eye Anti-Infectives and Oth Eye Drugs
941.2	Adverse Effects - Sympathomimetics [adrenergics]	946.6	Adverse Effects - Anti-Infectives/Oth Drugs for Ear/Nose/Throat
941.3	Adverse Effects - Sympatholytics [antiadrenergics]	946.7	Adverse Effects - Dental Drugs Topically Applied
941.9	Adverse Effects - Unspec Drug Affecting Autonomic Nervous System	946.8	Adverse Effects - Oth Agents Affecting Skin & Mucous Membrane
942.0	Adverse Effects - Cardiac Rhythm Regulators		
942.1	Adverse Effects - Cardiotonic Glycosides/Similar Drugs		
942.2	Adverse Effects - Antilipemic/Antiartherosclerotic Drugs		
942.3	Adverse Effects - Ganglion-Blocking Agents		
942.4	Adverse Effects - Coronary Vasodilators		
942.5	Adverse Effects - Oth Vasodilators		

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946.9	Adverse Effects - Unspec Agent Affecting Skin & Mucous Membrane	952.8	Suicide/Self Poison - Oth Spec Gases and Vapors
947.0	Adverse Effects - Dietetics	952.9	Suicide/Self Poison - Unspec Gases and Vapors
947.1	Adverse Effects - Lipotropic Drugs	953.0	Suicide/Self Injury - Hanging
947.2	Adverse Effects - Antidotes & Chelating Agents, NEC	953.1	Suicide/Self Injury - Suffocation by Plastic Bag
947.3	Adverse Effects - Alcohol Deterrents	953.8	Suicide/Self Injury - Oth Spec Means
947.4	Adverse Effects - Pharmaceutical Excipients	953.9	Suicide/Self Injury - Unspec Means
947.8	Adverse Effects - Oth Drugs & Medicinal Substances	954.0	Suicide and Self-Inflicted Injury by Submersion [Drowning]
947.9	Adverse Effects - Unspec Drug or Medicinal Substance	955.0	Suicide/Self Injury - Handgun
948.0	Adverse Effects - BCG Vaccine	955.1	Suicide/Self Injury - Shotgun
948.1	Adverse Effects - Typhoid and Paratyphoid	955.2	Suicide/Self Injury - Hunting Rifle
948.2	Adverse Effects - Cholera	955.3	Suicide/Self Injury - Military Firearms
948.3	Adverse Effects - Plague	955.4	Suicide/Self Injury - Oth and Unspec Firearm
948.4	Adverse Effects - Tetanus	955.5	Suicide/Self Injury - Explosives
948.5	Adverse Effects – Diphtheria	955.6	Suicide/Self Injury - Air Gun
948.6	Adverse Effects - Pertussis Vaccine, Pertussis Component Combo	955.7	Suicide/Self Injury - Paintball Gun
948.8	Adverse Effects - Oth and Unspec Bacterial Vaccines	955.9	Suicide/Self Injury – Unspec
948.9	Adverse Effects - Mixed Bacterial Vaccines, No Pertussis Component	956.0	Suicide and Self-Inflicted Injury by Cut/Piercing Instrument
949.0	Adverse Effects - Smallpox Vaccine	957.0	Suicide/Self Injury, Jump, High Place - Residential Premises
949.1	Adverse Effects - Rabies Vaccine	957.1	Suicide/Self Injury, Jump, High Place - Oth Man-Made Structures
949.2	Adverse Effects - Typhus Vaccine	957.2	Suicide/Self Injury, Jump, High Place - Natural Sites
949.3	Adverse Effects - Yellow Fever Vaccine	957.9	Suicide/Self Injury, Jump, High Place - Unspec
949.4	Adverse Effects - Measles Vaccine	958.0	Suicide/Self Injury - Jumping or Lying Before Moving Object
949.5	Adverse Effects - Poliomyelitis Vaccine	958.1	Suicide/Self Injury - Burns, Fire
949.6	Adverse Effects - Oth & Unspec Viral & Rickettsial Vaccines	958.2	Suicide/Self Injury - Scald
949.7	Adverse Effects - Mixed Viral-Rickettsial & Bacterial Vaccines	958.3	Suicide/Self Injury - Extremes of Cold
949.9	Adverse Effects - Oth & Unspec Vaccines & Biological Substances	958.4	Suicide/Self Injury - Electrocution
950.0	Suicide/Self Poison- Analgesics, Antipyretics & Antirheumatics	958.5	Suicide/Self Injury - Crashing of Motor Vehicle
950.1	Suicide/Self Poison- Barbiturates	958.6	Suicide/Self Injury - Crashing of Aircraft
950.2	Suicide/Self Poison- Oth Sedatives & Hypnotics	958.7	Suicide/Self Injury - Caustic Substances, Except Poisoning
950.3	Suicide/Self Poison- Tranquilizers/Oth Psychotropic Agents	958.8	Suicide/Self Injury - Oth Spec Means
950.4	Suicide/Self Poison- Oth Spec Drugs/Medicinal Substances	958.9	Suicide/Self Injury - Unspec Means
950.5	Suicide/Self Poison- Unspec Drug/Medicinal Substance	959.0	Late Effects of Self-Inflicted Injury
950.6	Suicide/Self Poison- (Agri/Horti)Cultural Chemical/Pharmaceutical	960.0	Fight/Brawl/Rape - Unarmed Fight or Brawl
950.7	Suicide/Self Poison- Corrosive/Caustic Substances	960.1	Fight/Brawl/Rape - Rape
950.8	Suicide/Self Poison- Arsenic and its Compounds	961.0	Assault by Corrosive or Caustic Substance, Except Poisoning
950.9	Suicide/Self Poison- Oth & Unspec Solid/Liquid Substances	962.0	Assault by Poison - Drugs and Medicinal Substances
951.0	Suicide/Self Poison - Gas Distributed by Pipeline	962.1	Assault by Poison - Oth Solid and Liquid Substances
951.1	Suicide/Self Poison - Liquid Petroleum Gas (Mobile Containers)	962.2	Assault by Poison - Oth Gases and Vapors
951.8	Suicide/Self Poison - Oth Utility Gas	962.9	Assault by Poison - Unspec Poisoning
952.0	Suicide/Self Poison - Motor Vehicle Exhaust Gas	963.0	Assault by Hanging and Strangulation
952.1	Suicide/Self Poison - Oth Carbon Monoxide	964.0	Assault by Submersion [Drowning]
		965.0	Assault by Firearms/Explosives - Handgun
		965.1	Assault by Firearms/Explosives - Shotgun
		965.2	Assault by Firearms/Explosives - Hunting Rifle
		965.3	Assault by Firearms/Explosives - Military Firearms
		965.4	Assault by Firearms/Explosives - Oth and Unspec Firearm
		965.5	Assault by Firearms/Explosives - Antipersonnel Bomb

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965.6	Assault by Firearms/Explosives - Gasoline Bomb	980.3	Poison,Un/Intentional- Tranquilizers/Psychotropic Agents
965.7	Assault by Firearms/Explosives - Letter Bomb	980.4	Poison,Un/Intentional- Oth Spec Drugs/Medicines
965.8	Assault by Firearms/Explosives - Oth Spec Explosive	980.5	Poison,Un/Intentional- Unspec Drug/Medicine
965.9	Assault by Firearms/Explosives - Unspec Explosive	980.6	Poison,Un/Intentional- Corrosive/Caustic Substances
966.0	Assault by Cutting and Piercing Instrument	980.7	Poison,Un/Intentional- (Agri/Horti)Cultural Chemical/Pharmaceutic
967.0	Child/Adult Abuse by Father/Stepfather/Male Partner	980.8	Poison,Un/Intentional- Arsenic and its Compounds
967.1	Child/Adult Abuse by Oth Spec Person	980.9	Poison,Un/Intentional- Oth/Unspec Solids/Liquids
967.2	Child/Adult Abuse by Mother/Stepmother/Female Partner	981.0	Poison, Un/Intentional - Gas Distributed by Pipeline
967.3	Child/Adult Abuse by Spouse/Partner/Ex-Spouse/Ex-Partner	981.1	Poison, Un/Intentional - Liquid Petroleum Gas (Mobile Containers)
967.4	Child/Adult Abuse by Child	981.8	Poison, Un/Intentional - Oth Utility Gas
967.5	Child/Adult Abuse by Sibling	982.0	Poison, Un/Intentional - Motor Vehicle Exhaust Gas
967.6	Child/Adult Abuse by Grandparent	982.1	Poison, Un/Intentional - Oth Carbon Monoxide
967.7	Child/Adult Abuse by Other Relative	982.8	Poison, Un/Intentional - Oth Spec Gases and Vapors
967.8	Child/Adult Abuse by Non-related Caregiver	982.9	Poison, Un/Intentional - Unspec Gases and Vapors
967.9	Child/Adult Abuse by Unspec Person	983.0	Hang/Strangle/Suffocate, Un/Intentional- Hanging
968.0	Assault by Oth/Unspec Means - Fire	983.1	Hang/Strangle/Suffocate, Un/Intentional- Suffocate by Plastic Bag
968.1	Assault by Oth/Unspec Means - Pushing from a High Place	983.8	Hang/Strangle/Suffocate, Un/Intentional- Oth Spec Means
968.2	Assault by Oth/Unspec Means - Striking by Blunt/Thrown Object	983.9	Hang/Strangle/Suffocate, Un/Intentional- Unspec Means
968.3	Assault by Oth/Unspec Means - Hot Liquid	984.0	Submersion [Drowning], Undetermined Un/Intentional
968.4	Assault by Oth/Unspec Means - Criminal Neglect	985.0	Firearms/Explosives, Un/Intentional - Handgun
968.5	Assault by Oth/Unspec Means - Vehicular Assault	985.1	Firearms/Explosives, Un/Intentional - Shotgun
968.6	Assault by Oth/Unspec Means - Air Gun	985.2	Firearms/Explosives, Un/Intentional - Hunting Rifle
968.7	Assault by Oth/Unspec Means - Human Being Bite	985.3	Firearms/Explosives, Un/Intentional - Military Firearms
968.8	Assault by Oth/Unspec Means - Oth Spec Means	985.4	Firearms/Explosives, Un/Intentional - Oth/Unspec Firearm
968.9	Assault by Oth/Unspec Means - Unspec Means	985.5	Firearms/Explosives, Un/Intentional - Explosives
969.0	Late Effects of Injury Purposely Inflicted by Oth Person	985.6	Firearms/Explosives, Un/Intentional - Air Gun
970.0	Injury Due to Legal Intervention by Firearms	985.7	Firearms/Explosives, Un/Intentional - Paintball Gun
971.0	Injury Due to Legal Intervention by Explosives	986.0	Injury by Cut/Piercing Instruments, Undetermined Un/Intentional
972.0	Injury Due to Legal Intervention by Gas	987.0	Fall From High Place, Un/Intentional - Residential Premises
973.0	Injury Due to Legal Intervention by Blunt Object	987.1	Fall From High Place, Un/Intentional - Oth Man-Made Structures
974.0	Injury Due to Legal Intervention by Cut/Piercing Instrument	987.2	Fall From High Place, Un/Intentional - Natural Sites
975.0	Injury Due to Legal Intervention by Oth Spec Means	987.9	Fall From High Place, Un/Intentional - Unspec Site
976.0	Injury Due to Legal Intervention by Unspec Means	988.0	Oth/Unspec Injury, Un/Intentional - Jump/Lie Before Moving Object
977.0	Late Effects of Injuries Due to Legal Intervention	988.1	Oth/Unspec Injury, Un/Intentional - Burns/Fire
978.0	Legal Execution	988.2	Oth/Unspec Injury, Un/Intentional - Scald
979.0	Terrorism - Explosion of Marine Weapons	988.3	Oth/Unspec Injury, Un/Intentional - Extremes of Cold
979.1	Terrorism - Destruction of Aircraft	988.4	Oth/Unspec Injury, Un/Intentional - Electrocution
979.2	Terrorism - Other Explosions and Fragments	988.5	Oth/Unspec Injury, Un/Intentional - Crashing of Motor Vehicle
979.3	Terrorism - Fires, Conflagrations, and Hot Substances	988.6	Oth/Unspec Injury, Un/Intentional - Crashing of Aircraft
979.4	Terrorism - Firearms	988.7	Oth/Unspec Injury, Un/Intentional - Caustic Substances,Not Poison
979.5	Terrorism - Nuclear Weapons		
979.6	Terrorism - Biological Weapons		
979.7	Terrorism - Chemical Weapons		
979.8	Terrorism - Other Weapons		
979.9	Terrorism - Secondary Effects		
980.0	Poison,Un/Intentional- Analgesic/Anti(Pyretic/Rheumatic)		
980.1	Poison,Un/Intentional- Barbiturates		
980.2	Poison,Un/Intentional- Oth Sedatives and Hypnotics		

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988.8	Oth/Unspec Injury, Un/Intentional - Oth Spec Means	995.2	Injury Due to War Operations by Piercing Object
988.9	Oth/Unspec Injury, Un/Intentional - Unspec Means	995.3	Injury Due to War Operations by Intentional Restriction of Airway
989.0	Late Effects of Injury, Undetermined Un/Intentional	995.4	Injury Due to War Operations by Unintentional Drowning
990.0	War Operations Injury - From Gasoline Bomb	995.8	Injury Due to War Operations by Other Conventional Warfare
990.1	War Operations Injury - From Flamethrower	995.9	Injury Due to War Operations by Unspecified Conventional Warfare
990.2	War Operations Injury - From Incendiary Bullet	996.0	Injury Due to War Operations by Nuclear Weapons - Direct Blast
990.3	War Operations Injury - From Fire Casued by Conventional Weapon	996.1	Injury Due to War Operations by Nuclear Weapons - Indirect Blast
990.9	War Operations Injury - From Oth/Unspec Source	996.2	Injury Due to War Operations by Nuclear Weapons - Thermal Radiation
991.0	War Operations Injury - Rubber Bullets (Rifle)	996.3	Injury Due to War Operations by Nuclear Weapons - Nuclear Radiation
991.1	War Operations Injury - Pellets (Rifle)	996.8	Injury Due to War Operations by Nuclear Weapons - Other
991.2	War Operations Injury - Oth Bullets	996.9	Injury Due to War Operations by Nuclear Weapons - Unspecified
991.3	War Operations Injury - Antipersonnel Bomb (Fragments)	997.0	War Operations Injury - Lasers
991.4	War Operations Injury - From Munition Fragments	997.1	War Operations Injury - Biological Warfare
991.5	War Operations Injury - From Person IED	997.2	War Operations Injury - Gases, Fumes, and Chemicals
991.6	War Operations Injury - From Vehicle IED	997.3	War Operations Injury - Weapons of Mass Destruction, NFS
991.7	War Operations Injury - From Other IED	997.8	War Operations Injury - Oth Spec Unconventional Warfare
991.8	War Operations Injury - From Weapon Fragments	997.9	War Operations Injury - Unspec Unconventional Warfare
991.9	War Operations Injury - Oth/Unspec Fragments	998.0	Injury Due to War Occur After Hostile Cessation - Mines
992.0	Injury Due to War Operations by Torpedo	998.1	Injury Due to War Occur After Hostile Cessation - Bombs
992.1	Injury Due to War Operations by Depth Charge	998.8	Injury Due to War Occur After Hostile Cessation - Other
992.2	Injury Due to War Operations by Marine Mines	998.9	Injury Due to War Occur After Hostile Cessation - Unspecified
992.3	Injury Due to War Operations by Sea Based Artillery Shells	999.0	Late Effect of Injury Due to War Operations
992.8	Injury Due to War Operations by Other Marine Weapons	999.1	Late Effect of Injury Due to Terrorism
992.9	Injury Due to War Operations by Unspec Marine Weapons		
993.0	Injury Due to War Operations by Areal Bomb		
993.1	Injury Due to War Operations by Guided Missle		
993.2	Injury Due to War Operations by Mortar		
993.3	Injury Due to War Operations by Person IED		
993.4	Injury Due to War Operations by Vehicle IED		
993.5	Injury Due to War Operations by Other IED		
993.6	Injury Due to War Operations by Unintentional Detonation Own Munitions		
993.7	Injury Due to War Operations by Unintentional Discharge Own Launch Device		
993.8	Injury Due to War Operations by Other Specified Explosion		
993.9	Injury Due to War Operations by Unspec Explosion		
994.0	Injury Due to War Destruction Aircraft - Enemy Fire/Explosives		
994.1	Injury Due to War Destruction Aircraft - Unintentional Own Explosives		
994.2	Injury Due to War Destruction Aircraft - Collision Other Aircraft		
994.3	Injury Due to War Destruction Aircraft - Onboard Fire		
994.8	Injury Due to War Destruction Aircraft - Other		
994.9	Injury Due to War Destruction Aircraft - Unspecified		
995.0	Injury Due to War Operations by Unarmed Hand-to-hand Combat		
995.1	Injury Due to War Operations by Struck by Blunt Object		

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## Appendix III Ecode Activities

1	Activities involving walking, marching and hiking	8.4	Activities involving martial arts
1.1	Activities involving running	8.9	Other specified sports and athletics activity
2	Activities involving swimming	9	Activity involving exercise machines primarily for aerobic conditioning
2.1	Activities involving springboard and platform diving	9.1	Activity involving calisthenics
2.2	Activities involving water polo	9.2	Activity involving aerobic and step exercise
2.3	Activities involving water aerobics and water exercise	9.3	Activity involving circuit training
2.4	Activities involving underwater diving and snorkeling	9.4	Activity involving obstacle course
2.5	Activities involving rowing, canoeing, kayaking, rafting and tubing	9.5	Activity involving grass drills
2.6	Activities involving water skiing and wake boarding	9.9	Other activity involving cardiorespiratory exercise
2.7	Activities involving surfing, windsurfing and boogie boarding	10	Activity involving exercise machines primarily for muscle strengthening
2.8	Activities involving water sliding	10.1	Activity involving push-ups, pull-ups, sit-ups
2.9	Other activity involving water and watercraft	10.2	Activity involving free weights
3	Activities involving ice skating	10.3	Activity involving pilates
3.1	Activities involving ice hockey	10.9	Other activity involving other muscle strengthening exercises
3.2	Activities w/ snow skiing/snowboarding/sledding/tobogganing & snow tubing	11	Activities involving computer keyboarding
3.3	Activities involving cross country skiing	11.1	Activities involving hand held interactive electronic device
3.9	Other activity involving ice and snow	11.9	Other activity involving computer technology and electronic devices
4	Activities involving mountain climbing, rock climbing and wall climbing	12	Activities involving knitting and crocheting
4.1	Activities involving rappelling	12.1	Activities involving sewing
4.2	Activities involving BASE jumping	12.2	Activities involving furniture building and finishing
4.3	Activities involving bungee jumping	12.9	Activity involving other arts and handcrafts
4.4	Activities involving hang gliding	13	Activities involving personal bathing and showering
4.9	Other activity involving climbing, rappelling and jumping off	13.1	Activities involving laundry
5	Activities involving dancing	13.2	Activities involving vacuuming
5.1	Activities involving yoga	13.3	Activities involving ironing
5.2	Activities involving gymnastics	13.4	Activities involving floor mopping and cleaning
5.3	Activities involving trampoline	13.5	Activities involving residential relocation
5.4	Activities involving cheerleading	13.8	Other personal hygiene activity
5.9	Other activity involving dancing and other rhythmic movements	13.9	Other household maintenance
6	Activities involving roller skating (inline) and skateboarding	14	Caregiving involving bathing
6.1	Activities involving horseback riding	14.1	Caregiving involving lifting
6.2	Activities involving golf	14.9	Other activity involving person providing caregiving
6.3	Activities involving bowling	15	Activities involving food preparation and clean up
6.4	Activities involving bike riding	15.1	Activities involving grilling and smoking food
6.5	Activities involving jumping rope	15.2	Activities involving cooking and baking
6.6	Activities involving non-running track and field events	15.9	Other activity involving cooking and grilling
6.9	Other activity involving other sports and athletics played individually	16	Activities involving digging, shoveling and raking
7	Activities involving american tackle football	16.1	Activities involving gardening and landscaping
7.1	Activities involving american flag or touch football	16.2	Activities involving building and construction
7.2	Activities involving rugby	16.9	Other activity with property/land maintenance/building & construction
7.3	Activities involving baseball	17	Roller coaster riding
7.4	Activities involving lacrosse and field hockey	17.9	Other activity involving external motion
7.5	Activities involving soccer	18	Activities involving piano playing
7.6	Activities involving basketball	18.1	Activities involving drum and other percussion instrument playing
7.7	Activities involving volleyball (beach) (court)	18.2	Activities involving string instrument playing
7.8	Activities involving physical games during school recess and summer camp	18.3	Activities involving winds and brass instrument playing
7.9	Other activity involving other sports and athletes played as a team	19	Activities involving walking an animal
8	Activities involving boxing	19.1	Activities involving milking an animal
8.1	Activities involving wrestling	19.2	Activities involving grooming and shearing an animal
8.2	Activities involving racquet and hand sports	19.9	Other activity involving animal care
8.3	Activities involving frisbee	29	Refereeing a sports activity
		29.1	Spectator at an event

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- 29.2 Rough housing and horseplay
- 29.9 Other activity
- 30 Unspecified activity

## Appendix IV

### Operative ICD-9-CM Procedure coding:

#### Operations on the Nervous System

- 01.24 Craniotomy, Other
- 01.25 Craniectomy, Other
- 01.31 Incision, Cerebral Meninges
- 01.39 Incision, Brain, Other
- 01.59 Excision, Brain, Other
- 02.02 Elevation, Skull Fracture Fragments
- 02.12 Repair, Cerebral Meninges, Other
- 02.39 Insertion, Ventricular Shunt to Other
- 02.93 Implantation, Neurostimulator
- 02.94 Insertion/Replacement, Skull Tongs/Halo Traction
- 02.99 Operation, Skull/Brain/Meninges, Other
- 03.09 Exploration/Decompression, Spinal Canal, Other
- 03.4 Excision/Destruction, Spinal Cord/Meninges
- 03.53 Repair, Fx, Vertebra
- 03.99 Operation, Spinal Cord/Canal, Other
- 04.07 Excision/Avulsion, Cranial/Peripheral Nerve, Other
- 04.3 Suture, Cranial/Peripheral Nerve, Other
- 04.49 Decompression/Lysis, Periph Nerve/Ganglion, Other
- 04.74 Anastomosis, Cranial/Peripheral Nerve, Other
- 04.79 Neuroplasty, Other

#### Operations on the Endocrine System

Defined by each hospital

#### Operations on the Eye

- 08.61 Reconstruction, Eyelid, Skin Flap/Graft
- 08.70 Reconstruction, Eyelid, Not Otherwise Specified
- 08.81 Repair, Eyelid/Eyebrow, Linear
- 08.84 Repair, Eyelid Margin, Full Thickness
- 08.85 Repair, Eyelid, Full Thickness, Other
- 11.51 Suture, Cornea
- 14.30 Repair of Retinal Tear
- 16.49 Enucleation, Eyeball, Other
- 16.89 Repair, Eyeball/Orbit Injury, Other

#### Operations on the Ear

- 18.4 Suture, External Ear
- 18.71 Construction, Ear Auricle
- 18.79 Repair, External Ear, Other

#### Operations on the Nose, Mouth, Pharynx

- 21.71 Reduction, Fx, Nose, Closed
- 21.72 Reduction, Fx, Nose, Open
- 21.81 Suture, Nose
- 22.64 Sphenoidectomy
- 22.79 Repair, Nasal Sinus, Other
- 23.5 Implantation, Tooth
- 24.32 Suture, Gum
- 24.7 Application, Orthodontic Appliance
- 25.51 Suture, Tongue

27.51 Suture, Lip

#### Operations on the Respiratory System

- 31.1 Tracheostomy, Temporary
- 31.29 Tracheostomy, Permanent
- 31.64 Repair, Larynx
- 31.71 Suture, Trachea
- 32.3 Resection, Lung, Segment
- 32.5 Pneumonectomy, Complete
- 33.43 Suture, Lung
- 33.49 Repair, Lung, Other
- 34.02 Thoracotomy, Exploratory
- 34.04 Insertion, Intercostal Drainage Catheterf1
- 34.09 Incision, Pleura, Other
- 34.71 Suture, Chest Wall
- 34.82 Suture, Diaphragm
- 34.84 Repair, Diaphragm, Other

#### Operations on the Cardiovascular System

- Operations on Valves and Septa
- 35.71 Other, Unspecified Repair of Atrial Septal Defect
- 35.72 Other, Unspecified Repair - Ventricular Septal Defect

#### Operations on Vessels of Heart

- 36.99 Other Operations on Vessels of Heart

#### Other Operations on Heart and Pericardium

- 37.12 Pericardiotomy
- 37.4 Repair, Heart/Pericardium
- 37.91 Cardiac Massage, Open Chest

#### Incision, Excision, and Occlusion of Vessels

- 38.38 Resection/Anastomosis, Lower Limb Artery
- 38.44 Resection/Replacement, Aorta
- 38.45 Resection/Replacement, Thoracic Vessel, Other
- 38.64 Excision, Aorta, Not Otherwise Specified
- 38.7 Plication, Vena Cava
- 38.80 Occlusion, Blood Vessel, Unspecified
- 38.81 Occlusion, Intracranial Vessel
- 38.82 Occlusion, Head/Neck Vessel, Other
- 38.83 Occlusion, Upper Limb Vessel
- 38.84 Occlusion, Aorta
- 38.85 Occlusion, Thoracic Vessel
- 38.86 Occlusion, Abdomen Artery
- 38.87 Occlusion, Abdominal Vessel
- 38.88 Occlusion, Lower Limb Artery
- 38.89 Occlusion, Lower Limb Vein
- 38.91 Arterial Catheterization
- 38.93 Venous Catherization, Not Elsewhere Classified

#### Other Operations on Vessels

- 39.30 Suture, Vessel, Unspecified
- 39.31 Suture, Artery
- 39.32 Suture, Vein
- 39.59 Repair, Vessel, Other
- 39.98 Hemorrhage Control, Vessel, Not Otherwise Spec

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### Operations on the Hemic and Lymphatic System

41.5 Splenectomy, Total  
41.95 Repair, Spleen

### Operations on the Digestive System

43.1 Gastrostomy, Temporary  
43.19 Other Gastrostomy  
44.61 Suture, Stomach  
45.33 Local Excision of Lesion/Tissue Small Intestine  
45.62 Resection, Small Intestine, Partial, Other  
45.71 Resection, Large Intestine, Multiple Segmental  
45.79 Excision, Large Intestine, Partial  
45.94 Anastomosis, Intestine, Large-to-Large  
46.10 Colostomy, Not Otherwise Specified  
46.39 Enterostomy, Other  
46.72 Suture, Duodenum  
46.73 Suture, Small Intestine  
46.75 Suture, Large Intestine  
46.79 Repair, Intestine, Other  
48.66 Resection, Rectum, Hartmann  
50.11 Biopsy, Liver, Percutaneous  
50.29 Destruction, Liver, Other  
50.61 Repair, Liver  
51.22 Cholecystectomy, Total  
52.09 Pancreatotomy, Other  
52.59 Pancreatectomy, Partial  
52.95 Repair, Pancreas, Other  
53.80 Repair, Diaphragmatic Hernia  
54.11 Laparotomy, Exploratory  
54.19 Laparotomy, Other  
54.61 Reclosure Postoperative Disruption/Abdominal Wall  
54.63 Suture, Abdomen Wall, Other  
54.72 Repair, Abdomen Wall, Other  
54.75 Repair, Mesentery  
54.92 Removal, Foreign Body, Peritoneal Cavity

### Operations on the Urinary System

55.51 Nephroureterectomy  
57.81 Suture, Bladder  
57.89 Repair, Bladder, Other  
57.94 Insertion, Urinary Catheter, Indwelling

### Operations on the Male Genital Organ

Defined by each hospital

### Operations on the Female Genital Organ

Defined by each hospital

### Obstetrical Procedures

74.99 Caesarean Section, Other/Unspecified

### Operations on the Musculoskeletal System

#### Operations on Facial Bones and Joints

76.72 Reduction, Fx, Malar/Zygoma, Open  
76.73 Reduction, Fx, Maxilla, Closed  
76.74 Reduction, Fx, Maxilla, Open  
76.75 Reduction, Fx, Mandible, Closed  
76.76 Reduction, Fx, Mandible, Open  
76.77 Reduction, Fx, Alveolus, Open  
76.79 Reduction, Fx, Face, Open, Other

### Incision, Excision, and Division of Other Bones

Defined by each hospital

### Other Operations on Bones, Except Facial Bones

78.07 Bone Graft, Tibia/Fibula  
78.27 Epiphyseal Stapling, Tibia/Fibula  
78.55 Internal Fixation, Femur, w/o Reduction  
78.57 Internal Fixation, Tibia/Fibula, w/o Reduction

### Reduction of Fracture and Dislocation

Closed Reduction of Fracture with/without Internal Fixation  
79.01 Reduction, Fx, Humerus, w/o Int Fix, Closed  
79.02 Reduction, Fx, Radius/Ulna, w/o Int Fix, Closed  
79.03 Reduction, Fx, Carp/Metacarp, w/o Int Fix, Closed  
79.04 Reduction, Fx, Phal, Hand, w/o Int Fix, Closed  
79.05 Reduction, Fx, Femur, w/o Int Fix, Closed  
79.06 Reduction, Fx, Tibia/Fibula, w/o Int Fix, Closed  
79.07 Reduction, Fx, Tars/Metatars, w/o Int Fix, Closed  
79.08 Reduction, Fx, Phal, Foot, w/o Int Fix, Closed  
79.09 Reduction, Fx, Other Spec, w/o Int Fix, Closed  
79.11 Reduction, Fx, Humerus, w/ Int Fix, Closed  
79.12 Reduction, Fx, Radius/Ulna, w/ Int Fix, Closed  
79.13 Reduction, Fx, Carp/Metacarp, w/ Int Fix, Closed  
79.14 Reduction, Fx, Phal, Hand, w/ Int Fix, Closed  
79.15 Reduction, Fx, Femur, w/ Int Fix, Closed  
79.16 Reduction, Fx, Tibia/Fibula, w/ Int Fix, Closed  
79.17 Reduction, Fx, Tars/Metatars, w/ Int Fix, Closed  
79.18 Reduction, Fx, Phal, Foot, w/ Int Fix, Closed  
79.19 Reduction, Fx, Other Spec, w/ Int Fix, Closed

### Open Reduction of Fracture with/without Internal Fixation

79.21 Reduction, Fx, Humerus, w/o Int Fix, Open  
79.22 Reduction, Fx, Radius/Ulna, w/o Int Fix, Open  
79.23 Reduction, Fx, Carp/Metacarp, w/o Int Fix, Open  
79.24 Reduction, Fx, Phal, Hand, w/o Int Fix, Open  
79.25 Reduction, Fx, Femur, w/o Int Fix, Open  
79.26 Reduction, Fx, Tibia/Fibula, w/o Int Fix, Open  
79.27 Reduction, Fx, Tars/Metatars, w/o Int Fix, Open  
79.28 Reduction, Fx, Phal, Foot, w/o Int Fix, Open  
79.29 Reduction, Fx, Other Spec, w/o Int Fix, Open  
79.31 Reduction, Fx, Humerus, w/ Int Fix, Open  
79.32 Reduction, Fx, Radius/Ulna, w/ Int Fix, Open  
79.33 Reduction, Fx, Carp/Metacarp, w/ Int Fix, Open  
79.34 Reduction, Fx, Phal, Hand, w/ Int Fix, Open  
79.35 Reduction, Fx, Femur, w/ Int Fix, Open  
79.36 Reduction, Fx, Tibia/Fibula, w/ Int Fix, Open  
79.37 Reduction, Fx, Tars/Metatars, w/ Int Fix, Open  
79.38 Reduction, Fx, Phal, Foot, w/ Int Fix, Open  
79.39 Reduction, Fx, Other Spec, w/ Int Fix, Open

### Closed/Open Reduction of Separated Epiphysis

Defined by each hospital

### Debridement of Open Fracture Site

79.61 Debridement, Fx, Humerus, Open  
79.62 Debridement, Fx, Radius/Ulna, Open  
79.63 Debridement, Fx, Carp/Metacarp, Open  
79.64 Debridement, Fx, Phal, Hand, Open  
79.65 Debridement, Fx, Femur, Open  
79.66 Debridement, Fx, Tibia/Fibula, Open  
79.67 Debridement, Fx, Tars/Metatars, Open

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79.68 Debridement, Fx, Phal, Foot, Open  
79.69 Debridement, Fx, Other Spec, Open

Closed Reduction of Dislocation

79.71 Reduction, Disloc, Shoulder, Closed  
79.72 Reduction, Disloc, Elbow, Closed  
79.73 Reduction, Disloc, Wrist, Closed  
79.74 Reduction, Disloc, Hand/Finger, Closed  
79.75 Reduction, Disloc, Hip, Closed  
79.76 Reduction, Disloc, Knee, Closed  
79.77 Reduction, Disloc, Ankle, Closed  
79.78 Reduction, Disloc, Foot/Toe, Closed  
79.79 Reduction, Disloc, Other Spec, Closed

Open Reduction of Dislocation

79.81 Reduction, Disloc, Shoulder, Open  
79.82 Reduction, Disloc, Elbow, Open  
79.83 Reduction, Disloc, Wrist, Open  
79.84 Reduction, Disloc, Hand/Finger, Open  
79.85 Reduction, Disloc, Hip, Open  
79.86 Reduction, Disloc, Knee, Open  
79.87 Reduction, Disloc, Ankle, Open  
79.88 Reduction, Disloc, Foot/Toe, Open  
79.89 Reduction, Disloc, Other Spec, Open

Unspecified Operation on Bone Injury

Defined by each hospital

Incision and Excision of Joint Structures

80.26 Arthroscopy, Knee  
80.46 Division, Capsule/Ligament/Cartilage, Knee  
80.5 Excision/Destruction, Intervertebral Disc  
80.51 Excision of intervertebral Disc

Repair and Plastic Operation on Joint Structures

81.01 Fusion, Fx, Spine, Atlas/Axis  
81.02 Fusion, Fx, Spine, Other Cervical  
81.03 Fusion, Fx, Spine, Thoracic  
81.04 Fusion, Fx, Spine, Thoracolumbar w/ Harrington Rod  
81.05 Fusion, Fx, Spine, Other Thoracolumbar  
81.06 Fusion, Fx, Spine, Lumbar  
81.07 Fusion, Fx, Spine, Lumbosacral  
81.08 Refusion, Fx, Spine  
81.09 Fusion, Fx, Spine  
81.45 Repair, Cruciate Ligaments, Other  
81.46 Repair, Collateral Ligaments, Other  
81.47 Repair, Knee, Other  
81.51 Replacement, Hip, Total w/ Methyl Methacrylate  
81.83 Other Repair of Shoulder  
81.96 Repair, Joint, Other

Operations on Muscle, Tendon, and Fascia of Hand

82.41 Suture, Hand, Tendon Sheath

Operations on Muscle, Tendon, Fascia, & Bursa, Except Hand

83.09 Other Incision of Soft Tissue  
83.14 Fasciotomy  
83.61 Suture, Tendon Sheath  
83.63 Repair, Rotator Cuff  
83.64 Suture, Tendon, Other  
83.73 Reattachment, Tendon  
83.88 Plastic Operation, Tendon, Other

Other Procedures on Musculoskeletal System

84.05 Amputation, Through Forearm  
84.07 Amputation, Through Humerus  
84.11 Amputation, Toe  
84.13 Disarticulation of Ankle  
84.15 Amputation, Below Knee, Other  
84.17 Amputation, Above Knee  
84.21 Reattachment, Thumb  
84.22 Reattachment, Finger  
84.23 Reattachment, Forearm, Wrist, Hand  
84.24 Reattachment, Arm  
84.25 Reattachment, Toe  
84.26 Reattachment, Foot  
84.27 Reattachment, Leg/Ankle  
84.28 Reattachment, Thigh  
84.29 Reattachment, Other Extremity

Operations on the Integumentary System

86.05 Incision, Skin/Subcutaneous Tissue, w/ FB Removal  
86.09 Incision, Skin/Subcutaneous Tissue, Other  
86.22 Debridement, Skin/Subcutaneous Wound  
86.28 Nonexcisional Debridement of Wound, Infection, Burn  
86.3 Excision/Destruction, Skin/Subcut Tissue, Other  
86.51 Replantation, Scalp  
86.59 Suture, Skin/Subcutaneous Tissue, Other Sites  
86.60 Free Skin Graft, Not Otherwise Specified  
86.66 Homograft to Skin  
86.69 Skin Graft to Other Sites, Other  
86.89 Repair, Skin/Subcutaneous Tissue, Other

Diagnostic and Nonsurgical Procedures

87.76 Retrograde Cystourethrogram  
87.77 Other Cystogram  
93.51 Application, Cast, Plaster Jacket  
93.53 Application, Cast, Other  
93.55 Wiring, Dental  
93.59 Immobilization/Pressure/Attention, Wound, Other  
96.59 Irrigation, Wound, Other  
98.29 Removal, Foreign Body, Lower Limb, w/o Incision

## Appendix V

### Injury Coding Diagnosis 9 (ICD9) Codes:

800.0	CLOSED SKULL VAULT FX*	800.02	Closed skull vault fx, brief coma
800.00	Fracture of vault of skull closed	800.03	Closed skull vault Fx, moderate coma
800.01	Closed skull vault fx no LOC	800.04	Closed skull vault Fx, prolonged coma with return

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800.05	Closed skull vault fx, LOC >24 hrs with no return	800.43	Closed skull vault Fx, brain inj NEC, moderate coma
800.06	Closed skull vault fx, LOC unspecified duration	800.44	Closed skull vault Fx, brain inj NEC, prolonged coma with return
800.09	Closed skull vault Fx, concussion NOS	800.45	Closed skull vault fx with intracranial inj & LOC >24 hrs with no return
800.1	CL SKL VLT FX/CEREBR LAC*	800.46	Closed skull vault fx with intracranial inj and LOC unspecified duration
800.10	Closed skull vault Fx, cerebral contusion	800.49	Closed skull vault Fx, brain inj NEC, concussion NOS
800.11	Closed skull vault fx with cerebral contusion with no LOC	800.5	OPN SKULL VAULT FRACTURE*
800.12	Closed skull vault fx with cerebral contusion and brief coma	800.50	Open skull vault fracture
800.13	Closed skull vault Fx, cerebral contusion, moderate coma	800.51	Open skull vault fx with no LOC
800.14	Closed skull vault Fx, cerebral contusion, prolonged coma with return	800.52	Open skull vault fx with brief coma
800.15	Closed skull vault fx w/ cerebral contusion and LOC >24 hrs w/ no return	800.53	Open skull vault Fx, moderate coma
800.16	Closed skull vault fx with cerebral contusion & LOC unspecified duration	800.54	Open skull vault Fx, prolonged coma with return
800.19	Closed skull vault Fx, cerebral contusion concussion NOS	800.55	Open skull vault fx with LOC >24 hrs with no return
800.2	CL SKL VLT FX/MENING HEM*	800.56	Open skull vault fx with LOC unspecified duration
800.20	Closed skull vault Fx, SAH, EDH, or SDH	800.59	Open skull vault Fx, concussion NOS
800.21	Closed skull vault fx with SAH, EDH, or SDH and no LOC	800.6	OPN SKL VLT FX/CEREB LAC*
800.22	Closed skull vault fx with SAH, EDH, or SDH and brief coma	800.60	Open skull vault Fx, cerebral contusion
800.23	Closed skull vault Fx, SAH, SDH, or EDH, moderate coma	800.61	Open skull vault fx with cerebral contusion and no LOC
800.24	Closed skull vault Fx, SAH, EDH, or SDH, prolonged coma with return	800.62	Open skull vault fx with cerebral contusion and brief coma
800.25	Closed skull vault fx with SAH, EDH, or SDH & LOC >24 hrs with no return	800.63	Open skull vault Fx, cerebral contusion, moderate coma
800.26	Closed skull vault fx with SAH, SDH, or EDH and LOC unspecified duration	800.64	Open skull vault Fx, cerebral contusion, prolonged coma with return
800.29	Closed skull vault Fx, concussion NOS, SAH, SDH, or EDH	800.65	Open skull vault fx with cerebral contusion & LOC >24 hrs with no return
800.3	CL SKULL VLT FX/HEM NEC*	800.66	Open skull vault fx with cerebral contusion and LOC unspecified duration
800.30	Closed skull vault Fx, intracranial hemorrhage NEC	800.69	Open skull vault Fx, concussion NOS
800.31	Closed skull vault fx with intracranial hemorrhage and no LOC	800.7	OPN SKL VLT FX/MENIN HEM*
800.32	Closed skull vault fx with intracranial hemorrhage and brief coma	800.70	Open skull vault Fx, SAH, SDH, or EDH
800.33	Closed skull vault Fx, intracranial hemorrhage, moderate coma	800.71	Open skull vault fx with SAH, SDH, or EDH and no LOC
800.34	Closed skull vault Fx, intracranial hemorrhage, prolonged coma with return	800.72	Open skull vault fx with SAH, SDH, or EDH and brief coma
800.35	Closed skull vault fx, intracranial hemorrhage, LOC >24 hrs with no return	800.73	Open skull vault Fx, SAH, SDH, or EDH moderate coma
800.36	Closed skull vault fx w/ intracranial hemorrhage and LOC NFS duration	800.74	Open skull vault Fx, SAH, SDH, or EDH prolonged coma with return
800.39	Closed skull vault Fx, concussion NOS, intracranial hemorrhage	800.75	Open skull vault fx with SAH, SDH, or EDH and LOC >24 hrs with no return
800.4	CL SKL VLT FX/BR INJ NEC*	800.76	Open skull vault fx with SAH, SDH, or EDH and LOC unspecified duration
800.40	Closed skull vault Fx, intracranial injury NEC	800.79	Open skull vault Fx, concussion NOS, SDH, SDH, or EDH
800.41	Closed skull vault fx with intracranial inj and no LOC	800.8	OPN SKULL VLT FX/HEM NEC*
800.42	Closed skull vault fx with intracranial inj and brief coma	800.80	Open skull vault fx with intracranial hemorrhage
		800.81	Open skull vault fx with intracranial hemorrhage and no LOC
		800.82	Open skull vault fx with intracranial hemorrhage and brief coma

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800.83	Open skull vault Fx, intracranial hemorrhage, moderate coma	801.25	Closed skull base fx, SAH, SDH, or EDH, LOC >24 hrs with no return
800.84	Open skull vault Fx, intracranial hemorrhage, prolonged coma with return	801.26	Closed skull base fx, SAH, SDH, or EDH, LOC unspecified duration
800.85	Open skull vault fx w/ intracranial hemorrhage & LOC >24 hrs w/ no return	801.29	Closed skull base Fx, concussion NOS, SAH, SDH, or EDH
800.86	Open skull vault fx w/ intracranial hemorrhage and LOC NFS duration	801.3	CL SKULL BASE FX/HEM NEC*
800.89	Open skull vault Fx, concussion NOS intracranial hemorrhage	801.30	Closed skull base Fx, intracranial hemorrhage NEC
800.9	OP SKL VLT FX/BR INJ NEC*	801.31	Closed skull base fx with intracranial hemorrhage and no LOC
800.90	Open skull vault fx with intracranial injury	801.32	Closed skull base fx with intracranial hemorrhage and brief coma
800.91	Open skull vault fx with intracranial inj and no LOC	801.33	Closed skull base Fx, intracranial hemorrhage, moderate coma
800.92	Open skull vault fx with intracranial inj and brief coma	801.34	Closed skull base Fx, intracranial hemorrhage, prolonged coma with return
800.93	Open skull vault Fx, brain inj NEC, moderate coma	801.35	Closed skull base fx, intracranial hemorrhage, LOC >24 hrs with no return
800.94	Open skull vault Fx, brain inj NEC, prolonged coma with return	801.36	Closed skull base fx w/ intracranial hemorrhage and LOC NFS duration
800.95	Open skull vault fx with intracranial inj and LOC >24 hrs with no return	801.39	Closed skull base Fx, concussion NOS, intracranial hemorrhage
800.96	Open skull vault fx with intracranial inj and LOC unspecified duration	801.4	CL SK BASE FX/BR INJ NEC*
800.99	Open skull vault Fx, brain inj NEC, concussion NOS	801.40	Closed skull base Fx, intracranial injury NEC
801.0	CLOS SKULL BASE FRACTURE*	801.41	Closed skull base fx with intracranial inj and no LOC
801.00	Closed skull base fracture	801.42	Closed skull base fx with intracranial inj and brief coma
801.01	Closed skull base fx no LOC	801.43	Closed skull base Fx, brain inj NEC, moderate coma
801.02	Closed skull base fx, brief coma	801.44	Closed skull base Fx, brain inj NEC, prolonged coma with return
801.03	Closed skull base fx, moderate coma	801.45	Closed skull base fx with intracranial inj & LOC >24 hrs with no return
801.04	Closed skull base fx, prolonged coma with return	801.46	Closed skull base fx with intracranial inj and LOC unspecified duration
801.05	Closed skull base fx, LOC >24 hrs with no return	801.49	Closed skull base Fx, brain inj NEC, concussion NOS
801.06	Closed skull base fx, LOC unspecified duration	801.5	OPEN SKULL BASE FRACTURE*
801.09	Closed skull base Fx, concussion NOS	801.50	Open skull base fracture
801.1	CL SKL BASE FX/CEREB LAC*	801.51	Open skull base fx with no LOC
801.10	Closed skull base Fx, cerebral contusion	801.52	Open skull base fx with brief coma
801.11	Closed skull base fx with cerebral contusion and no LOC	801.53	Open skull vault Fx, moderate coma
801.12	Closed skull base fx, cerebral contusion, brief coma	801.54	Open skull base Fx, prolonged coma with return
801.13	Closed skull base fx, cerebral contusion, LOC 1-23 hrs	801.55	Open skull base fx with LOC >24 hrs with no return
801.14	Closed skull base fx, cerebral contusion, prolonged coma with return	801.56	Open skull base fx with LOC unspecified duration
801.15	Closed skull base fx, cerebral contusion, LOC >24 hrs with no return	801.59	Open skull base Fx, concussion NOS
801.16	Closed skull base fx, cerebral contusion, LOC unspecified duration	801.6	OP SKL BASE FX/CEREB LAC*
801.19	Closed skull base Fx, concussion NOS cerebral contusion	801.60	Open skull base Fx, cerebral contusion
801.2	CL SKL BASE FX/MENIN HEM*	801.61	Open skull base fx with cerebral contusion and no LOC
801.20	Closed skull base Fx, SAH, SDH, or EDH	801.62	Open skull base fx with cerebral contusion and brief coma
801.21	Closed skull base fx with SAH, SDH, or EDH no LOC	801.63	Open skull base Fx, cerebral contusion, moderate coma
801.22	Closed skull base fx, SAH, SDH, or EDH brief coma	801.64	Open skull base Fx, cerebral contusion, prolonged coma with return
801.23	Closed skull base fx, SAH, SDH, or EDH moderate coma	801.65	Open skull base fx with cerebral contusion & LOC >24 hrs with no return
801.24	Closed skull base fx, SAH, SDH, or EDH prolonged coma with return		

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801.66	Open skull base fx with cerebral contusion and LOC unspecified duration	802.25	Fx angle of jaw, closed
801.69	Open skull base Fx, concussion NOS	802.26	Fx symphysis mandible body, closed
801.7	OP SKL BASE FX/MENIN HEM*	802.27	Fx alveolar border mandible, closed
801.70	Open skull base Fx, SAH, SDH, or EDH	802.28	Fx mandible body NEC, closed
801.71	Open skull base fx with SAH, SDH, or EDH and no LOC	802.29	Multiple fx mandible, closed
801.72	Open skull base fx with SAH, SDH, or EDH and brief coma	802.3	MANDIBLE FRACTURE-OPEN*
801.73	Open skull base Fx, SAH, SDH, or EDH moderate coma	802.30	Mandible Fx NOS, open
801.74	Open skull base Fx, SAH, SDH, or EDH prolonged coma with return	802.31	Fx condylar process mandible, open
801.75	Open skull base fx with SAH, SDH, or EDH and LOC >24 hrs with no return	802.32	Subcondylar Fx, mandible, open
801.76	Open skull base fx with SAH, SDH, or EDH and LOC unspecified duration	802.33	Fx coronoid process, mandible, open
801.79	Open skull base Fx, concussion NOS, SDH, SDH, or EDH	802.34	Fx ramus NOS, open mandible
801.8	OPN SKUL BASE FX/HEM NEC*	802.35	Fx angle of jaw, open
801.80	Open skull base fx with intracranial hemorrhage	802.36	Fx symphysis mandible body, open
801.81	Open skull base fx with intracranial hemorrhage and no LOC	802.37	Fx alveolar border mandible, open
801.82	Open skull base fx with intracranial hemorrhage and brief coma	802.38	Fx mandible body NEC, open
801.83	Open skull base Fx, intracranial hemorrhage, moderate coma	802.39	Multiple Fx mandible, open
801.84	Open skull base Fx, intracranial hemorrhage, prolonged coma with return	802.4	Fx malar/maxillary, closed
801.85	Open skull base fx w/ intracranial hemorrhage & LOC >24 hrs w/ no return	802.5	Fx malar/maxillary, open
801.86	Open skull base fx w/ intracranial hemorrhage & LOC unspecified duration	802.6	Fx orbital floor, closed
801.89	Open skull base Fx, concussion NOS intracranial hemorrhage	802.7	Fx orbital floor, open
801.9	OP SK BASE FX/BR INJ NEC*	802.8	Fx facial bone NEC, closed
801.90	Open skull base fx with intracranial injury	802.9	Fx facial bone NEC, open
801.91	Open skull base fx with intracranial inj and no LOC	803.0	CLOSE SKULL FRACTURE NEC*
801.92	Open skull base fx with intracranial inj and brief coma	803.00	Closed skull fracture NEC
801.93	Open skull base Fx, brain inj NEC, moderate coma	803.01	Closed skull fracture NEC
801.94	Open skull base Fx, brain inj NEC, prolonged coma with return	803.02	Closed skull Fx NEC, brief coma
801.95	Open skull base fx with intracranial inj and LOC >24 hrs with no return	803.03	Closed skull Fx NEC, moderate coma
801.96	Open skull base fx with intracranial inj and LOC unspecified duration	803.04	Closed skull Fx NEC, prolonged coma
801.99	Open skull base Fx, brain inj NEC, concussion NOS	803.05	Closed skull Fx NEC, LOC >24 hrs with no return
802.0	Nasal bone fx, closed	803.06	Closed skull Fx NEC, LOC unspecified duration
802.1	Nasal bone fx, open	803.09	Closed skull Fx NEC, concussion NOS
802.2	MANDIBLE FRACTURE-CLOSED*	803.1	CL SKL FX NEC/CEREBR LAC*
802.20	Mandible Fx NOS, closed	803.10	Closed skull Fx NEC, cerebral contusion
802.21	Fx condylar process mandible, closed	803.11	Closed skull Fx NEC with cerebral contusion, no LOC
802.22	Subcondylar Fx, mandible, closed	803.12	Closed skull Fx NEC, cerebral contusion, brief coma
802.23	Fx coronoid process, mandible, closed	803.13	Closed skull Fx NEC, cerebral contusion, LOC 1-23 hrs
802.24	Fx ramus NOS, closed, mandible	803.14	Closed skull Fx NEC, cerebral contusion, prolonged coma
		803.15	Closed skull Fx NEC, cerebral contusion, LOC >24 hrs with no return
		803.16	Closed skull Fx NEC, cerebral contusion, LOC unspecified duration
		803.19	Closed skull Fx NEC, concussion NOS, cerebral contusion
		803.2	CL SKL FX NEC/MENING HEM*
		803.20	Closed skull Fx NEC, SAH, EDH, or SDH
		803.21	Closed skull Fx NEC, SAH, SDH, or EDH, no LOC
		803.22	Closed skull Fx NEC, SAH, SDH, or EDH, brief coma
		803.23	Closed skull Fx NEC, SAH, SDH, or EDH moderate coma
		803.24	Closed skull Fx NEC, SAH, SDH, or EDH prolonged coma with return
		803.25	Closed skull Fx NEC, SAH, SDH, or EDH, LOC >24 hrs with no return

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803.26	Closed skull Fx NEC, SAH, SDH, or EDH, LOC unspecified duration	803.71	Open skull Fx NEC, SAH, no LOC
803.29	Closed skull Fx NEC, concussion NOS, SAH, SDH, or EDH	803.72	Open skull Fx NEC, SAH, brief coma
803.3	CL SKULL FX NEC/HEM NEC*	803.73	Open skull Fx NEC, SAH, moderate coma
803.30	Closed skull Fx NEC, intracranial hemorrhage	803.74	Open skull Fx NEC, SAH, prolonged coma
803.31	Closed skull Fx NEC, intracranial hemorrhage, no LOC	803.75	Open skull Fx NEC, SAH, LOC >24 hrs with no return
803.32	Closed skull Fx NEC, intracranial hemorrhage, brief coma	803.76	Open skull Fx NEC, SAH, LOC unspecified duration
803.33	Closed skull Fx NEC, intracranial hemorrhage, moderate coma	803.79	Open skull Fx NEC, concussion NOS, SAH
803.34	Closed skull Fx NEC, intracranial hemorrhage, prolonged coma	803.8	OPN SKULL FX NEC/HEM NEC*
803.35	Closed skull Fx NEC, intracranial hemorrhage, LOC >24 hrs with no return	803.80	Open skull Fx NEC, intracranial hemorrhage NEC
803.36	Closed skull Fx NEC, intracranial hemorrhage, LOC unspecified duration	803.81	Open skull Fx NEC, intracranial hemorrhage NEC, no LOC
803.39	Closed skull Fx NEC, concussion NOS, Intracranial hemorrhage	803.82	Open skull Fx NEC, intracranial hemorrhage, brief coma
803.4	CL SKL FX NEC/BR INJ NEC*	803.83	Open skull Fx NEC, intracranial hemorrhage, moderate coma
803.40	Closed skull Fx NEC, intracranial inj NEC	803.84	Open skull Fx NEC, intracranial hemorrhage, prolonged coma
803.41	Closed skull Fx NEC, intracranial inj, no LOC	803.85	Open skull Fx NEC, intracranial hemorrhage, LOC >24 hrs with no return
803.42	Closed skull Fx NEC, intracranial inj, brief coma	803.86	Open skull Fx NEC, intracranial hemorrhage, LOC unspecified duration
803.43	Closed skull Fx NEC, intracranial inj, moderate coma	803.89	Open skull Fx NEC, concussion NOS Intracranial hemorrhage
803.44	Closed skull Fx NEC, intracranial inj, prolonged coma	803.9	OP SKL FX NEC/BR INJ NEC*
803.45	Closed skull Fx NEC, intracranial inj, LOC >24 hrs with no return	803.90	Open skull Fx NEC, intracranial inj NEC
803.46	Closed skull Fx NEC, intracranial inj, LOC unspecified duration	803.91	Open skull Fx NEC, intracranial inj, no LOC
803.49	Closed skull Fx NEC, concussion NOS Intracranial injury	803.92	Open skull Fx NEC, intracranial inj, brief coma
803.5	OPEN SKULL FRACTURE NEC*	803.93	Open skull Fx NEC, intracranial inj, moderate coma
803.50	Open skull fracture NEC	803.94	Open skull Fx NEC, intracranial inj, prolonged coma
803.51	Open skull fracture NEC, no LOC	803.95	Open skull Fx NEC, intracranial inj, LOC >24 hrs with no return
803.52	Open skull fracture NEC, brief coma	803.96	Open skull Fx NEC, intracranial inj, LOC unspecified duration
803.53	Open skull fracture NEC, moderate coma	803.99	Open skull Fx NEC, concussion NOS Intracranial injury
803.54	Open skull Fx NEC, prolonged coma	804.0	CL SKUL FX W OTH BONE FX*
803.55	Open skull Fx NEC, LOC >24 hrs with no return	804.00	Multiple fractures, skull or face with other bones, closed
803.56	Open skull Fx NEC, LOC unspecified duration	804.01	Mult fx skull or face with other bones, closed, no coma
803.59	Open skull Fx NEC, concussion NOS	804.02	Mult fx skull or face with other bones, closed, brief coma
803.6	OPN SKL FX NEC/CEREB LAC*	804.03	Mult fx skull or face with other bones, closed, moderate coma
803.60	Open skull Fx NEC, cerebral contusion	804.04	Mult fx skull or face with other bones, closed, prolonged coma
803.61	Open skull Fx NEC, cerebral contusion, no LOC	804.05	Mult fx skull or face with other bones, closed, coma >24 hrs no return
803.62	Open skull Fx NEC, cerebral contusion, brief coma	804.06	Mult fx skull or face with other bones, closed, LOC unspecified duration
803.63	Open skull Fx NEC, cerebral contusion, LOC 1-23 hrs	804.09	Mult fx skull or face with other bones, closed, concussion NOS
803.64	Open skull Fx NEC, cerebral contusion, prolonged coma	804.1	CL SK W OTH FX/CEREB LAC*
803.65	Open skull Fx NEC, cerebral contusion, LOC >24 hrs with no return	804.10	Mult fx skull or face with other bones, cl, cerebral contusion
803.66	Open skull Fx NEC, cerebral contusion, LOC unspecified duration	804.11	Mult fx skull or face with other bones, cl, cerebral contusion, no coma
803.69	Open skull Fx NEC, concussion NOS cerebral contusion		
803.7	OPN SKL FX NEC/MENIN HEM*		
803.70	Open skull Fx NEC, SAH, SDH, or EDH		

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804.12	Mult fx skull or face w/ other bones, cl, cerebral contusion, brief coma	804.45	Mult fx skull or face, other, cl, brain inj, LOC>24 hrs no return
804.13	Mult fx skull or face w/ other bones cerebral contusion moderate coma	804.46	Mult fx skull or face, other, cl, brain inj, LOC unspec duration
804.14	Mult fx skull or face with other, cl, cereb cont, prolong coma w/return	804.49	Mult fx skull or face, other bones, cl, brain inj NEC, concussion NOS
804.15	Mult fx skull or face w/ other, cl, cereb cont, coma >24 hrs w/ no return	804.5	OPN SKULL FX/OTH BONE FX*
804.16	Mult fx skull or face with other, cl, cereb cont, LOC unspec duration	804.50	Mult fx skull or face with other bones, open
804.19	Mult fx skull or face with other, cl, cereb cont, concussion	804.51	Mult fx skull or face with other bones, open, no coma
804.2	CL SKL/OTH FX/MENING HEM*	804.52	Mult fx skull or face with other bones, open, brief coma
804.20	Mult fx skull or face with other bones, closed with SAH	804.53	Mult fx skull or face with other bones, open, moderate coma
804.21	Mult fx skull or face with other bones, cl, SAH, no coma	804.54	Mult fx skull or face, other bones,, open, prolonged coma
804.22	Mult fx skull or face with other bones, cl, SAH, brief coma	804.55	Mult fx skull or face, other bones, open, coma >24 hrs with no return
804.23	Mult fx skull or face with other bones, cl, SAH, moderate coma	804.56	Mult fx skull or face, other bones, open, LOC unspecified duration
804.24	Mult fx skull or face with other bones, cl, SAH, prolonged coma	804.59	Mult fx skull or face, other bones, open, concussion NOS
804.25	Mult fx skull or face with other bones, cl, SAH, LOC >24 hrs no return	804.6	OPN SKL/OTH FX/CEREB LAC*
804.26	Mult fx skull or face with other bones, cl, SAH, LOC unspec duration	804.60	Mult fx skull or face, other bones, open, with cerebral lac
804.29	Mult fx skull or face with other bones, cl, SAH, concussion NOS	804.61	Mult fx skull or face, other bones, open, with cerebral lac, no LOC
804.3	CL SKUL W OTH FX/HEM NEC*	804.62	Mult fx skull or face, other bones, open, with cerebral lac, brief LOC
804.30	Mult fx skull or face with other bones, cl, intracranial hemorrhage	804.63	Mult fx skull or face, other bones, open, w/ cerebral lac, moderate LOC
804.31	Mult fx skull or face with other bones, cl, ICH, no coma	804.64	Mult fx skull or face, other bones, open, w/ cerebral lac, prolonged LOC
804.32	Mult fx skull or face with other bones, cl, ICH, brief coma	804.65	Mult fx skull/face other open w/ cerebral lac coma > 24 hrs w/o return
804.33	Mult fx skull or face with other bones, cl, ICH, moderate coma	804.66	Mult fx skull or face, other bones, open, w/ cerebral lac, NFS LOC
804.34	Mult fx skull or face with other, cl, ICH, prolong LOC w/return	804.69	Mult fx skull or face, other bones, open, with cerebral lac, concussion
804.35	Mult fx skull or face with other, cl, ICH, LOC>24 hrs no return	804.7	OPN SKL/OTH FX/MENIN HEM*
804.36	Mult fx skull or face with other, cl, ICH, LOC unspec duration	804.70	Mult fx skull or face with other bones, open with SAH
804.39	Mult fx skull or face with other bones, cl, ICH, concussion NOS	804.71	Mult fx skull or face with other bones, open with SAH, no coma
804.4	CL SKL/OTH FX/BR INJ NEC*	804.72	Mult fx skull or face with other bones, open with SAH, brief coma
804.40	Mult fx skull or face with other bones, cl, brain inj NEC	804.73	Mult fx skull or face with other bones, open with SAH, moderate coma
804.41	Mult fx skull or face, other bones, cl, brain inj NEC, no coma	804.74	Mult fx skull or face with other bones, open with SAH, prolonged coma
804.42	Mult fx skull or face, other bones, cl, brain inj NEC, brief coma	804.75	Mult fx skull or face w/ other bones open w/ SAH LOC > 24 hrs w/ no return
804.43	Mult fx skull or face, other bones, cl, brain inj NEC, moderate coma	804.76	Mult fx skull or face with other bones, open with SAH, unspecified LOC
804.44	Mult fx skull or face, with other, cl, brain inj, prolong LOC w/return	804.79	Mult fx skull or face with other bones, open with SAH, concussion
		804.8	OPN SKL W OTH FX/HEM NEC*

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804.80	Mult fx skull or face with other bones, open, intracranial hemorrhage	805.3	Fx dorsal vertebra, open
804.81	Mult fx skull or face w/ other bones open intracranial hemorrhage no LOC	805.4	Fx lumbar vertebra, closed
804.82	Mult fx skull or face w/ other open intracranial hemorrhage brief LOC	805.5	Fx lumbar vertebra, open
804.83	Mult fx skull/face w/ other open intracranial hemorrhage moderate LOC	805.6	Fx sacrum/coccyx, closed
804.84	Mult fx skull/face w/ other open intracranial hemorrhage prolonged LOC	805.7	Fx sacrum/coccyx, open
804.85	Mult fx skull/face other open intracranial bleed LOC > 24 hrs w/ no return	805.8	@Vertebral Fx NOS, closed
804.86	Mult fx skull/face other bones open intracranial hemorrhage NFS LOC	805.9	@Vertebral Fx NOS, open
804.89	Mult fx skull or face w/ other open intracranial hemorrhage concussion	806.0	CLOS CERV FX W CORD INJ*
804.9	OP SKL/OTH FX/BR INJ NEC*	806.00	C1-4 fx closed, cord injury NOS
804.90	Mult fx skull or face with other bones, open, brain inj NEC	806.01	C1-4 fx closed, complete cord lesion
804.91	Mult fx skull or face with other bones, open, brain inj NEC, no LOC	806.02	C1-4 fx closed, ant cord syndrome
804.92	Mult fx skull or face with other bones, open, brain inj NEC, brief LOC	806.03	C1-4 fx closed, central cord syndrome
804.93	Mult fx skull or face w/ other bones, open, brain inj NEC, moderate LOC	806.04	C1-4 fx closed, incomplete cord injury NEC
804.94	Mult fx skull or face w/ other bones, open, brain inj NEC, prolonged LOC	806.05	C5-7 fx closed, cord injury NOS
804.95	Mult fx skull/face other open brain inj NEC LOC > 24 hrs w/ no return	806.06	C5-7 fx closed, complete cord lesion
804.96	Mult fx skull or face w/ other bones, open, brain inj NEC, NFS LOC	806.07	C5-7 fx closed, ant cord syndrome
804.99	Mult fx skull or face with other bones, open, brain inj NEC, concussion	806.08	C5-7 fx closed, central cord syndrome
805.0	FX CERVICAL VERTEBRA-CL*	806.09	C5-7 fx closed, incomplete cord injury NEC
805.00	Fx cervical vertebra NOS, closed	806.1	OPEN CERV FX W CORD INJ*
805.01	Fx C1 vertebra, closed	806.10	C1-4 fx open, cord injury NOS
805.02	Fx C2 vertebra, closed	806.11	C1-4 fx open, complete cord lesion
805.03	Fx C3 vertebra, closed	806.12	C1-4 fx open, ant cord syndrome
805.04	Fx C4 vertebra, closed	806.13	C1-4 fx open, central cord syndrome
805.05	Fx C5 vertebra, closed	806.14	C1-4 fx open, incomplete cord injury NEC
805.06	Fx C6 vertebra, closed	806.15	C5-7 fx open, cord injury NOS
805.07	Fx C7 vertebra, closed	806.16	C5-7 fx open, complete cord lesion
805.08	Fx multiple cervical vertebra, closed	806.17	C5-7 fx open, ant cord syndrome
805.1	FX CERVICAL VERTEBRA-OPN*	806.18	C5-7 fx open, central cord syndrome
805.10	Fx cervical vertebra NOS, open	806.19	C5-7 fx open, incomplete cord injury NEC
805.11	Fx C1 vertebra, open	806.2	CL DORSAL FX W CORD INJ*
805.12	Fx C2 vertebra, open	806.20	T1-6 fx closed, cord injury NOS
805.13	Fx C3 vertebra, open	806.21	T1-6 fx closed, complete cord lesion
805.14	Fx C4 vertebra, open	806.22	T1-6 fx closed, ant cord syndrome
805.15	Fx C5 vertebra, open	806.23	T1-6 fx closed, central cord syndrome
805.16	Fx C6 vertebra, open	806.24	T1-6 fx closed, incomplete cord injury NEC
805.17	Fx C7 vertebra, open	806.25	T7-12 fx closed, cord injury NOS
805.18	Fx multiple cervical vertebra, open	806.26	T7-12 fx closed, complete cord lesion
805.2	Fx dorsal vertebra, closed	806.27	T7-12 fx closed, ant cord syndrome
		806.28	T7-12 fx closed, central cord syndrome
		806.29	T7-12 fx closed, incomplete cord injury NEC
		806.3	OPN DORSAL FX W CORD INJ*
		806.30	T1-6 fx open, cord injury NOS
		806.31	T1-6 fx open, complete cord lesion
		806.32	T1-6 fx open, ant cord syndrome
		806.33	T1-6 fx open, central cord syndrome
		806.34	T1-6 fx open, incomplete cord injury NEC
		806.35	T7-12 fx open, cord injury NOS
		806.36	T7-12 fx open, complete cord lesion
		806.37	T7-12 fx open, ant cord syndrome
		806.38	T7-12 fx open, central cord syndrome
		806.39	T7-12 fx open, incomplete cord injury NEC
		806.4	Closed lumbar Fx w/cord injury
		806.5	Open lumbar Fx w/cord injury
		806.6	FX SACRUM-CL W CORD INJ*
		806.60	Fx sacrum closed, cord injury NOS

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806.61 Fx sacrum closed, complete cauda equina lesion	809.1 Fx of bones of trunk open NFS
806.62 Fx sacrum closed, incomplete cauda equina injury NEC	810.0 FRACTURE CLAVICLE-CLOSED*
806.69 Fx sacrum closed, other cord injury NEC	810.00 Fx clavicle closed NFS
806.7 FX SACRUM-OPN W CORD INJ*	810.01 Fx clavicle closed sternal end
806.70 Fx sacrum open, cord injury NOS	810.02 Fx clavicle closed shaft
806.71 Fx sacrum open, complete cauda equina lesion	810.03 Fx clavicle closed acromial end
806.72 Fx sacrum open, incomplete cauda equina injury NEC	810.1 FRACTURE CLAVICLE-OPEN*
806.79 Fx sacrum open, other cord injury NEC	810.10 Fx clavicle open NFS
806.8 @Vertebral Fx NOS closed w/cord injury	810.11 Fx clavicle open sternal end
806.9 @Vertebral Fx NOS open w/cord injury	810.12 Fx clavicle open shaft
807.0 FRACTURE OF RIB-CLOSED*	810.13 Fx clavicle open acromial end
807.00 Rib fx closed, NFS	811.0 FRACTURE SCAPULA-CLOSED*
807.01 Rib fx closed, one rib	811.00 Fx scapula closed NFS
807.02 Rib fx closed, two ribs	811.01 Fx scapula closed acromial process
807.03 Rib fix closed, three ribs	811.02 Fx scapula closed coracoid process
807.04 Rib fix closed, four ribs	811.03 Fx scapula closed glenoid cavity and neck of scapula
807.05 Rib fix closed, five ribs	811.09 Fx scapula closed other
807.06 Rib fix closed, six ribs	811.1 FRACTURE OF SCAPULA-OPEN*
807.07 Rib fix closed, seven ribs	811.10 Fx scapula open NFS
807.08 Rib fix closed, eight or more ribs	811.11 Fx scapula open acromial process
807.09 Rib fix closed, multiple ribs NFS	811.12 Fx scapula open coracoid process
807.1 FRACTURE OF RIB-OPEN*	811.13 Fx scapula open glenoid cavity and neck of scapula
807.10 Rib fx open, NFS	811.19 Fx scapula open other
807.11 Rib fx open, one rib	812.0 FX UPPER HUMERUS-CLOSED*
807.12 Rib fx open, two ribs	812.00 Fx humerus upper end closed NFS
807.13 Rib fix open, three ribs	812.01 Fx humerus upper end closed surgical neck
807.14 Rib fix open, four ribs	812.02 Fx humerus upper end closed anatomical neck
807.15 Rib fix open, five ribs	812.03 Fx humerus upper end closed greater tuberosity
807.16 Rib fix open, six ribs	812.09 Fx humerus upper end closed other
807.17 Rib fix open, seven ribs	812.1 FX UPPER HUMERUS-OPEN*
807.18 Rib fix open, eight or more ribs	812.10 Fx humerus upper end open NFS
807.19 Rib fix open, multiple ribs NFS	812.11 Fx humerus upper end open surgical neck
807.2 Sternum fx closed	812.12 Fx humerus upper end open anatomical neck
807.3 Sternum fx open	812.13 Fx humerus upper end open greater tuberosity
807.4 Flail chest	812.19 Fx humerus upper end open other
807.5 Fx of the larynx or trachea closed (includes hyoid fx)	812.2 FX HUMERUS SHAFT/NOS-CL*
807.6 Fx of the larynx or trachea open (includes hyoid fx)	812.20 Fx humerus unspecified part closed
808.0 Fx acetabulum closed	812.21 Fx humerus shaft closed
808.1 Fx acetabulum open	812.3 FX HUMERUS SHAFT/NOS-OPN*
808.2 Fx pubis closed	812.30 Fx humerus unspecified part open
808.3 Fx pubis open	812.31 Fx humerus shaft open
808.4 OTH PELVIC FRACTURE-CLOS*	812.4 FX LOWER HUMERUS-CLOSED*
808.41 Fx ilium closed	812.40 Fx humerus lower end closed NFS
808.42 Fx ischium closed	812.41 Fx humerus lower end closed supracondylar
808.43 Multiple pelvic fxs with disruption of pelvic circle closed	812.42 Fx humerus lower end closed lateral condylar
808.49 Other pelivc fx closed	812.43 Fx humerus lower end closed medial condylar
808.5 OTH PELVIC FRACTURE-OPEN*	812.44 Fx humerus lower end closed condyles unspecified
808.51 Fx ilium open	812.49 Fx humerus lower end closed other
808.52 Fx ischium open	812.5 FX LOWER HUMERUS-OPEN*
808.53 Multiple pelvic fxs with disruption of pelvic circle open	812.50 Fx humerus lower end open NFS
808.59 Other pelivc fx open	812.51 Fx humerus lower end open supracondylar
808.8 Unspecified pelvic fx closed	812.52 Fx humerus lower end open lateral condylar
808.9 Unspecified pelvic fx open	812.53 Fx humerus lower end open medial condylar
809.0 Fx of bones of trunk closed NFS	812.54 Fx humerus lower end open condyles unspecified
	812.59 Fx humerus lower end open other

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813.0	FX UPPER RADIUS/ULNA-CL*	813.91	Fx of radius open unspecified
813.00	Fx upper end of radius or ulna unspecified closed	813.92	Fx of ulna open unspecified
813.01	Fx olecranon process of ulna closed	813.93	Fx of radius with ulna open unspecified
813.02	Fx coronoid process of ulna closed	814.0	FRACTURE CARPAL BONE-CL*
813.03	Monteggia's fx closed	814.00	Fx of carpal bone unspecified closed
813.04	Other and unspecified fx of proximal end of ulna closed	814.01	Fx of carpal bone navicular (scaphoid) closed
813.05	Fx head of radius closed	814.02	Fx of carpal bone lunate (semilunar) closed
813.06	Fx neck of radius closed	814.03	Fx of carpal bone triquetral (cuneiform) closed
813.07	Other and unspecified fx of proximal end of radius closed	814.04	Fx of carpal bone pisiform closed
813.08	Fx of radius with ulna proximal end any part closed	814.05	Fx of carpal bone trapezium (larger multangular) closed
813.1	FX UPPER RADIUS/ULNA-OPN*	814.06	Fx or carpal bone trapezoid (smaller multangular) closed
813.10	Fx upper end of radius or ulna unspecified open	814.07	Fx of carpal bone capitate (os magnum) closed
813.11	Fx olecranon process of ulna open	814.08	Fx of carpal bone hamate (unciform) closed
813.12	Fx coronoid process of ulna open	814.09	Fx of carpal bone other bone closed
813.13	Monteggia's fx open	814.1	FRACTURE CARPAL BONE-OPN*
813.14	Other and unspecified fx of proximal end of ulna open	814.10	Fx of carpal bone unspecified open
813.15	Fx head of radius open	814.11	Fx of carpal bone navicular (scaphoid) open
813.16	Fx neck of radius open	814.12	Fx of carpal bone lunate (semilunar) open
813.17	Other and unspecified fx of proximal end of radius open	814.13	Fx of carpal bone triquetral (cuneiform) open
813.18	Fx of radius with ulna proximal end any part open	814.14	Fx of carpal bone pisiform open
813.2	FX RADIUS/ULNA SHAFT-CL*	814.15	Fx of carpal bone trapezium (larger multangular) open
813.20	Fx of radius or ulna unspecified closed	814.16	Fx or carpal bone trapezoid (smaller multangular) open
813.21	Fx of radius shaft closed	814.17	Fx of carpal bone capitate (os magnum) open
813.22	Fx of ulna shaft closed	814.18	Fx of carpal bone hamate (unciform) open
813.23	Fx of ulna shaft and radial shaft closed	814.19	Fx of carpal bone other bone open
813.3	FX RADIUS/ULNA SHAFT-OPN*	815.0	FRACTURE METACARPAL-CLOS*
813.30	Fx of radius or ulna unspecified open	815.00	Fx of metacarpal bone closed NFS
813.31	Fx of radius shaft open	815.01	Fx of metacarpal bone closed base of thumb (1st metacarpal)
813.32	Fx of ulna shaft open	815.02	Fx of metacarpal bone closed base of other metacarpal
813.33	Fx of ulna shaft and radial shaft open	815.03	Fx of metacarpal bone closed shaft of metacarpal
813.4	FX LOWER RADIUS/ULNA-CL*	815.04	Fx of metacarpal bone closed neck of metacarpal
813.40	Fx of radius or ulna distal end closed	815.09	Fx of metacarpal bone closed multiple sites
813.41	Colles' fx (Smith's fx) closed	815.1	FRACTURE METACARPAL-OPEN*
813.42	Other fx of distal end of radius closed	815.10	Fx of metacarpal bone open NFS
813.43	Fx of ulna distal end closed	815.11	Fx of metacarpal bone open base of thumb (1st metacarpal)
813.44	Fx of radius with ulna distal end closed	815.12	Fx of metacarpal bone open base of other metacarpal
813.45	Torus fracture of radius (alone)	815.13	Fx of metacarpal bone open shaft of metacarpal
813.46	Torus fracture of ulna (alone)	815.14	Fx of metacarpal bone open neck of metacarpal
813.47	Torus fracture of radius and ulna	815.19	Fx of metacarpal bone open multiple sites
813.5	FX LOW RADIUS W/ULNA-OPN*	816.0	FX PHALANGES, HAND-CLOSE*
813.50	Fx of radius or ulna distal end open	816.00	Fx of phalanges closed phalanx or phalanges NFS
813.51	Colles' fx (Smith's fx) open	816.01	Fx of phalanges closed middle or proximal phalanx or phalanges
813.52	Other fx of distal end of radius open	816.02	Fx of phalanges closed distal phalanx or phalanges
813.53	Fx of ulna distal end open	816.03	Fx of phalanges closed multiple sites
813.54	Fx of radius with ulna distal end open	816.1	FX PHALANGES, HAND-OPEN*
813.8	FX RADIUS/ULNA NOS-CLOSE*	816.10	Fx of phalanges open phalanx or phalanges NFS
813.80	Fx of radius or ulna closed unspecified	816.11	Fx of phalanges open middle or proximal phalanx or phalanges
813.81	Fx of radius closed unspecified	816.12	Fx of phalanges open distal phalanx or phalanges
813.82	Fx of ulna closed unspecified		
813.83	Fx of radius with ulna closed unspecified		
813.9	FX RADIUS/ULNA NOS-OPEN*		
813.90	Fx of radius or ulna open unspecified		

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816.13 Fx of phalanges open multiple sites	823.11 Fx fibula upper end open
817.0 Mutliple fxs of hand bones closed	823.12 Fx tibia and fibula upper end open
817.1 Mutliple fxs of hand bones open	823.2 FX SHAFT TIB/FIB-CLOSED*
818.0 Ill defined fxs of upper limb closed	823.20 Fx tibia shaft closed
818.1 Ill defined fxs of upper limb open	823.21 Fx fibula shaft closed
819.0 Multiple/unspecified fx both UE w/ rib/sternum fx closed	823.22 Fx tibia and fibula shaft closed
819.1 Multiple/unspecified fx both UE w/ rib/sternum fx open	823.3 FX TIBIA/FIBULA SHAFT-OP*
820.0 TRANSCERV FX FEMUR-CLOSE*	823.30 Fx tibia shaft open
820.00 Fx femur intracapsular NOS, closed	823.31 Fx fibula shaft open
820.01 Fx femur epiphysis closed	823.32 Fx tibia and fibula shaft open
820.02 Fx femur mid-cervical section closed	823.40 Fx tibia torus
820.03 Fx femur base of neck closed	823.41 Fx fibula torus
820.09 Fx femur other (head) closed	823.42 Fx tibia and fibula torus
820.1 TRANSCERV FX FEMUR-OPEN*	823.8 FX TIBIA/FIBULA NOS-CLOS*
820.10 Fx femur intracapsular NOS, open	823.80 Fx tibia unspecified closed
820.11 Fx femur epiphysis open	823.81 Fx fibula unspecified closed
820.12 Fx femur mid-cervical section open	823.82 Fx tibia and fibula unspecified closed
820.13 Fx femur base of neck open	823.9 FX TIBIA/FIBULA NOS-OPEN*
820.19 Fx femur other (head) open	823.90 Fx tibia unspecified open
820.2 PERTROCHANTERIC FX-CLOS*	823.91 Fx fibula unspecified open
820.20 Trochanteric Fx NOS, closed	823.92 Fx tibia and fibula unspecified open
820.21 Intertrochanteric Fx, closed	824.0 Fx medial malleolus closed
820.22 Subtrochanteric Fx, closed	824.1 Fx medial malleolus open
820.3 PERTROCHANTERIC FX-OPEN*	824.2 Fx lateral malleolus closed
820.30 Trochanteric Fx NOS, open	824.3 Fx lateral malleolus open
820.31 Intertrochanteric Fx, open	824.4 Fx bimalleolar closed
820.32 Subtrochanteric Fx, open	824.5 Fx bimalleolar open
820.8 Fx femur - unspecified part of neck closed	824.6 Fx trimalleolar closed
820.9 Fx femur - unspecified part of neck open	824.7 Fx trimalleolar open
821.0 FX FEMUR SHAFT/NOS-CLOSE*	824.8 Fx ankle NOS closed
821.00 Fx femur - unspecified part closed	824.9 Fx ankle NOS open
821.01 Fx femur - shaft closed	825.0 Fx calcaneus closed
821.1 FX FEMUR SHAFT/NOS-OPEN*	825.1 Fx calcaneus open
821.10 Fx femur - unspecified part open	825.2 FX TARSL/METATARS NEC-CL*
821.11 Fx femur - shaft open	825.20 Fx unspecifed bone of foot closed
821.2 FX LOWER END FEMUR-CLOSE*	825.21 Fx astragalus (talus) closed
821.20 Fx femur - lower end - unspecified part closed	825.22 Fx navicular (scaphoid) of foot closed
821.21 Fx femur - lower end - condyle closed	825.23 Fx cuboid of foot closed
821.22 Fx femur - lower end - epiphysis closed	825.24 Fx cuneiform closed
821.23 Fx femur - lower end - supracondylar closed	825.25 Fx metatarsal bone(s) closed
821.29 Fx femur - lower end - other closed	825.29 Fx metatarsal with tarsal bone(s) closed
821.3 FX LOWER END FEMUR-OPEN*	825.3 FX TARS/METATARS NEC-OPN*
821.30 Fx femur - lower end - unspecified part open	825.30 Fx unspecified bone of foot open
821.31 Fx femur - lower end - condyle open	825.31 Fx astragalus (talus) open
821.32 Fx femur - lower end - epiphysis open	825.32 Fx navicular (scaphoid) of foot open
821.33 Fx femur - lower end - supracondylar open	825.33 Fx cuboid of foot open
821.39 Fx femur - lower end - other open	825.34 Fx cuneiform open
822.0 Fx patella closed	825.35 Fx metatarsal bone(s) open
822.1 Fx patella open	825.39 Fx metatarsal with tarsal bone(s) open
823.0 FX UPPER TIBIA/FIBULA-CL*	826.0 Fx one or more phalanges of foot closed
823.00 Fx tibia upper end closed	826.1 Fx one or more phalanges of foot open
823.01 Fx fibula upper end closed	827.0 Other multiple and ill defined fx of lower limb closed
823.02 Fx tibia and fibula upper end closed	827.1 Other multiple and ill defined fx of lower limb open
823.1 FX UPPER TIBIA/FIBULA-OP*	828.0 Multiple fxs w/ both LE, lower w/ UE, and LE w/ sternum closed
823.10 Fx tibia upper end open	

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828.1	Multiple fx's w/ both LE, lower w/ UE, and LE w/ sternum open	834.00	Dislocation of finger unspecified part closed
829.0	Fx of unspecified bone(s) closed	834.01	Dislocation of metacarpophalangeal joint closed
829.1	Fx of unspecified bone(s) open	834.02	Dislocation of interphalangeal joint closed
830.0	Dislocation of jaw closed	834.1	DISLOCAT FINGER-OPEN*
830.1	Dislocation of jaw open	834.10	Dislocation of finger unspecified part open
831.0	DISLOCAT SHOULDER-CLOSED*	834.11	Dislocation of metacarpophalangeal joint open
831.00	Dislocation of shoulder unspecified closed	834.12	Dislocation of interphalangeal joint open
831.01	Dislocation of anterior humerus closed	835.0	DISLOCATION HIP-CLOSED*
831.02	Dislocation of posterior humerus closed	835.00	Dislocation of hip unspecified closed
831.03	Dislocation of inferior humerus closed	835.01	Posterior dislocation of hip closed
831.04	Acromioclavicular joint (includes clavicle) dislocation closed	835.02	Obturator dislocation of hip closed
831.09	Other dislocation of shoulder closed	835.03	Other anterior dislocation of hip closed
831.1	DISLOCAT SHOULDER-OPEN*	835.1	DISLOCATION HIP-OPEN*
831.10	Dislocation of shoulder unspecified open	835.10	Dislocation of hip unspecified open
831.11	Dislocation of anterior humerus open	835.11	Posterior dislocation of hip open
831.12	Dislocation of posterior humerus open	835.12	Obturator dislocation of hip open
831.13	Dislocation of inferior humerus open	835.13	Other anterior dislocation of hip open
831.14	Acromioclavicular joint (includes clavicle) dislocation open	836.0	Tear of medial cartilage or meniscus of knee
831.19	Other dislocation of shoulder open	836.1	Tear of lateral cartilage or meniscus of knee
832.0	DISLOCATION ELBOW-CLOSED*	836.2	Other tear of cartilage or meniscus of knee
832.00	Dislocation of elbow unspecified closed	836.3	Dislocation of patella closed
832.01	Anterior dislocation of elbow closed	836.4	Dislocation of patella open
832.02	Posterior dislocation of elbow closed	836.5	OTH DISLOCAT KNEE-CLOSED*
832.03	Medial dislocation of elbow closed	836.50	Dislocation of knee unspecified closed
832.04	Lateral dislocation of elbow closed	836.51	Anterior dislocation of tibia proximal end closed
832.09	Other dislocation of elbow closed	836.52	Posterior dislocation of tibia proximal end closed
832.1	DISLOCATION ELBOW-OPEN*	836.53	Medial dislocation of tibia proximal end closed
832.10	Dislocation of elbow unspecified open	836.54	Lateral dislocation of tibia proximal end closed
832.11	Anterior dislocation of elbow open	836.59	Other dislocation of knee closed
832.12	Posterior dislocation of elbow open	836.6	OTH DISLOCAT KNEE-OPEN*
832.13	Medial dislocation of elbow open	836.60	Dislocation of knee unspecified open
832.14	Lateral dislocation of elbow open	836.61	Anterior dislocation of tibia proximal end open
832.19	Other dislocation of elbow open	836.62	Posterior dislocation of tibia proximal end open
832.2	Subluxation of radial head in elbow (nursemaid's elbow)	836.63	Medial dislocation of tibia proximal end open
833.0	DISLOCATION WRIST-CLOSED*	836.64	Lateral dislocation of tibia proximal end open
833.00	Dislocation of wrist unspecified part closed	836.69	Other dislocation of knee open
833.01	Dislocation of radioulnar joint closed	837.0	Dislocation of ankle closed
833.02	Dislocation of radiocarpal joint closed	837.1	Dislocation of ankle open
833.03	Dislocation of midcarpal joint closed	838.0	DISLOCATION FOOT-CLOSED*
833.04	Dislocation of carpal-metacarpal joint closed	838.00	Dislocation of foot unspecified closed
833.05	Dislocation of metacarpal proximal closed	838.01	Dislocation tarsal joint unspecified closed
833.09	Other dislocation of wrist closed	838.02	Dislocation midtarsal joint closed
833.1	DISLOCATION WRIST-OPEN*	838.03	Dislocation tarsometatarsal joint closed
833.10	Dislocation of wrist unspecified part open	838.04	Dislocation metatarsal joint unspecified closed
833.11	Dislocation of radioulnar joint open	838.05	Dislocation metatarsophalangeal joint closed
833.12	Dislocation of radiocarpal joint open	838.06	Dislocation interphalangeal joint closed
833.13	Dislocation of midcarpal joint open	838.09	Dislocation of foot other closed
833.14	Dislocation of carpal-metacarpal joint open	838.1	DISLOCATION FOOT-OPEN*
833.15	Dislocation of metacarpal proximal open	838.10	Dislocation of foot unspecified open
833.19	Other dislocation of wrist open	838.11	Dislocation tarsal joint unspecified open
834.0	DISLOCAT FINGER-CLOSED*	838.12	Dislocation midtarsal joint open
		838.13	Dislocation tarsometatarsal joint open
		838.14	Dislocation metatarsal joint unspecified open
		838.15	Dislocation metatarsophalangeal joint open
		838.16	Dislocation interphalangeal joint open

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838.19	Dislocation of foot other open	840.9	Unspecified sites of shoulder and upper arm sprain/strain
839.0	DISLOC CERVICAL VERT-CL*	841.0	Radial collateral ligament sprain/strain
839.00	Cervical vertebrae dislocation unspecified closed	841.1	Ulnar collateral ligament sprain/strain
839.01	C1 vertebra dislocation closed	841.2	Radiohumeral joint sprain/strain
839.02	C2 vertebra dislocation closed	841.3	Ulnohumeral joint sprain/strain
839.03	C3 vertebra dislocation closed	841.8	Other specified sites of elbow and forearm sprain/strain
839.04	C4 vertebra dislocation closed	841.9	Unspecified site of elbow and forearm sprain/strain
839.05	C5 vertebra dislocation closed	842.0	SPRAIN OF WRIST*
839.06	C6 vertebra dislocation closed	842.00	Sprain/strain wrist unspecified site
839.07	C7 vertebra dislocation closed	842.01	Sprain/strain carpal joint
839.08	Multiple cervical vertebrae dislocation closed	842.02	Sprain/strain radiocarpal (joint/ligament)
839.1	DISLOC CERVICAL VERT-OPN*	842.09	Sprain/strain wrist other site
839.10	Cervical vertebrae dislocation unspecified open	842.1	SPRAIN OF HAND*
839.11	C1 vertebra dislocation open	842.10	Sprain/strain hand unspecified site
839.12	C2 vertebra dislocation open	842.11	Sprain/strain carpometacarpal joint
839.13	C3 vertebra dislocation open	842.12	Sprain/strain metacarpophalangeal joint
839.14	C4 vertebra dislocation open	842.13	Sprain/strain interphalangeal joint
839.15	C5 vertebra dislocation open	842.19	Sprain/strain hand other site
839.16	C6 vertebra dislocation open	843.0	Sprain/strain iliofemoral ligament
839.17	C7 vertebra dislocation open	843.1	Sprain/strain ischiocapsular ligament
839.18	Multiple cervical vertebrae dislocation open	843.8	Sprain/strain other specified site of hip/thigh
839.2	DISLOC THOR/LUMB VERT-CL*	843.9	Sprain/strain unspecified site of hip/thigh
839.20	Lumbar vertebra dislocation closed	844.0	Sprain/strain lateral collateral ligament of knee
839.21	Thoracic vertebra dislocation closed	844.1	Sprain/strain medial collateral ligament of knee
839.3	DISL THORA/LUMB VERT-OPN*	844.2	Sprain/strain cruciate ligament of knee
839.30	Lumbar vertebra dislocation open	844.3	Sprain/strain tibiofibular (joint/ligament) superior
839.31	Thoracic vertebra dislocation open	844.8	Sprain/strain other specified site of knee and leg
839.4	OTH DISLOCAT VERTEBRA-CL*	844.9	Sprain/strain unspecified site of knee and leg
839.40	Dislocation vertebra unspecified site closed	845.0	SPRAIN OF ANKLE*
839.41	Dislocation coccyx closed	845.00	Sprain/strain ankle unspecified site
839.42	Dislocation sacrum closed	845.01	Sprain/strain ankle deltoid ligament (internal collateral)
839.49	Dislocation other vertebra closed	845.02	Sprain/strain ankle calcaneofibular ligament
839.5	OTH DISLOC VERTEBRA-OPEN*	845.03	Sprain/strain ankle tibiofibular (distal) ligament
839.50	Dislocation vertebra unspecified site open	845.09	Sprain/strain ankle other specified site
839.51	Dislocation coccyx open	845.1	SPRAIN OF FOOT*
839.52	Dislocation sacrum open	845.10	Sprain/strain foot unspecified site
839.59	Dislocation other vertebra open	845.11	Sprain/strain foot tarsometatarsal joint/ligament
839.6	DISLOCAT OTH SITE-CLOSED*	845.12	Sprain/strain foot metatarsophalangeal joint
839.61	Dislocation sternum closed	845.13	Sprain/strain foot interphalangeal joint (toe)
839.69	Dislocation other closed	845.19	Sprain/strain foot other specified site
839.7	DISLOCAT OTH SITE-OPEN*	846.0	Sprain/strain lumbosacral joint/ligament
839.71	Dislocation sternum open	846.1	Sprain/strain sacroiliac joint/ligament
839.79	Dislocation other open	846.2	Sprain/strain sacrospinatus ligament
839.8	Multiple and ill defined dislocations closed	846.3	Sprain/strain sacrotuberous ligament
839.9	Multiple and ill defined dislocations open	846.8	Sprain/strain other specified site of the sacroiliac region
840.0	Acromioclavicular joint sprain/strain	846.9	Sprain/strain unspecified site of the sacroiliac region
840.1	Coracoclavicular ligament sprain/strain	847.0	Sprain/strain neck
840.2	Coracohumeral ligament sprain/strain	847.1	Sprain/strain thoracic back
840.3	Infraspinatus muscle/tendon sprain/strain	847.2	Sprain/strain lumbar back
840.4	Rotator cuff (capsule) sprain/strain	847.3	Sprain/strain sacral back
840.5	Subscapularus (muscle) sprain/strain	847.4	Sprain/strain coccyx back
840.6	Supraspinatus muscle/tendon sprain/strain	847.9	Sprain/strain unspecified site of back
840.7	Superior glenoid labrum lesion		
840.8	Other specified sites of shoulder and upper arm sprain/strain		

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848.0 Sprain/stain septal cartilage of nose	851.32 Cortex (cerebral) laceration open brief loc
848.1 Sprain/strain jaw	851.33 Cortex (cerebral) laceration open moderate loc
848.2 Sprain/strain thyroid region	851.34 Cortex (cerebral) laceration open prolonged loc
848.3 Sprain/strain rib(s)	851.35 Cortex (cerebral) laceration open prolonged loc with no return
848.4 SPRAIN OF STERNUM*	851.36 Cortex (cerebral) laceration open loc unspecified duration
848.40 Sprain/strain sternum unspecified site	851.39 Cortex (cerebral) laceration open concussion
848.41 Sprain/strain sternoclavicular joint/ligament	851.4 CEREBEL/BRAIN STM CONTUS*
848.42 Sprain/strain chondrosternal joint	851.40 Cerebellar/brain stem contusion
848.49 Sprain/strain sternum other	851.41 Cerebellar/brain stem contusion no loc
848.5 Sprain/strain pelvis	851.42 Cerebellar/brain stem contusion brief loc
848.8 Sprain/strain other specified sites	851.43 Cerebellar/brain stem contusion moderate loc
848.9 Sprain/strain unspecified site	851.44 Cerebellar/brain stem contusion prolonged loc
850.0 Concussion with no loc	851.45 Cerebellar/brain stem contusion prolonged loc with no return
850.1 CONCUSSION-BRIEF COMA*	851.46 Cerebellar/brain stem contusion loc unspecified duration
850.11 Concussion with loc < 30 mins	851.49 Cerebellar/brain stem contusion prolonged concussion
850.12 Concussion with loc 31-59 mins	851.5 CEREBEL CONTUS W OPN WND*
850.2 Concussion with moderate loc	851.50 Cerebellar/brain stem contusion open
850.3 Concussion with prolonged loc with return	851.51 Cerebellar/brain stem contusion open no loc
850.4 Concussion with prolonged loc without return	851.52 Cerebellar/brain stem contusion open brief loc
850.5 Concussion with loc unspecified	851.53 Cerebellar/brain stem contusion open moderate loc
850.9 Concussion unspecified	851.54 Cerebellar/brain stem contusion open prolonged loc
851.0 CORTEX CONTUSION*	851.55 Cerebellar/brain stem contusion open prolonged loc with no return
851.00 Cortex (cerebral) contusion unspecified loc	851.56 Cerebellar/brain stem contusion open loc unspecified duration
851.01 Cortex (cerebral) contusion no loc	851.59 Cerebellar/brain stem contusion open prolonged concussion
851.02 Cortex (cerebral) contusion brief loc	851.6 CEREBEL/BRAIN STEM LACER*
851.03 Cortex (cerebral) contusion moderate loc	851.60 Cerebellar/brain stem laceration closed
851.04 Cortex (cerebral) contusion prolonged loc	851.61 Cerebellar/brain stem laceration closed no loc
851.05 Cortex (cerebral) contusion prolonged loc with no return	851.62 Cerebellar/brain stem laceration closed brief loc
851.06 Cortex (cerebral) contusion loc unspecified duration	851.63 Cerebellar/brain stem laceration closed moderate loc
851.09 Cortex (cerebral) contusion with concussion	851.64 Cerebellar/brain stem laceration closed prolonged loc
851.1 CORTEX CONTUSION/OPN WND*	851.65 Cerebellar/brain stem laceration closed prolonged loc with no return
851.10 Cortex (cerebral) contusion open with unspecified loc	851.66 Cerebellar/brain stem laceration closed unspecified loc
851.11 Cortex (cerebral) contusion open with no loc	851.69 Cerebellar/brain stem laceration closed concussion
851.12 Cortex (cerebral) contusion open with brief loc	851.7 CEREBEL LACER W OPEN WND*
851.13 Cortex (cerebral) contusion open with moderate loc	851.70 Cerebellar/brain stem laceration open
851.14 Cortex (cerebral) contusion open with prolonged loc	851.71 Cerebellar/brain stem laceration open no loc
851.15 Cortex (cerebral) contusion open with prolonged loc with no return	851.72 Cerebellar/brain stem laceration open brief loc
851.16 Cortex (cerebral) contusion open with loc unspecified duration	851.73 Cerebellar/brain stem laceration open moderate loc
851.19 Cortex (cerebral) contusion open with concussion	851.74 Cerebellar/brain stem laceration open prolonged loc
851.2 CEREBRAL CORTEX LACERAT*	851.75 Cerebellar/brain stem laceration open prolonged loc with no return
851.20 Cortex (cerebral) laceration unspecified loc	851.76 Cerebellar/brain stem laceration open unspecified loc
851.21 Cortex (cerebral) laceration no loc	851.79 Cerebellar/brain stem laceration open concussion
851.22 Cortex (cerebral) laceration brief loc	851.8 CEREBRAL LACERATION NEC*
851.23 Cortex (cerebral) laceration moderate loc	851.80 Cerebral injury NFS closed
851.24 Cortex (cerebral) laceration prolonged loc	851.81 Cerebral injury NFS closed no loc
851.25 Cortex (cerebral) laceration prolonged loc with no return	851.82 Cerebral injury NFS closed brief loc
851.26 Cortex (cerebral) laceration loc unspecified duration	
851.29 Cortex (cerebral) laceration with concussion	
851.3 CORTEX LACER W OPN WOUND*	
851.30 Cortex (cerebral) laceration open loc unspecified	
851.31 Cortex (cerebral) laceration open no loc	

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851.83 Cerebral injury NFS closed moderate loc	852.43 EDH closed moderate loc
851.84 Cerebral injury NFS closed prolonged loc	852.44 EDH closed prolonged loc
851.85 Cerebral injury NFS closed prolonged loc with no return	852.45 EDH closed prolonged loc with no return
851.86 Cerebral injury NFS closed unspecified loc	852.46 EDH closed prolonged loc unspecified duration
851.89 Cerebral injury NFS closed concussion	852.49 EDH closed concussion
851.9 BRAIN LAC NEC W OPEN WND*	852.5 EXTRADURAL HEM W OPN WND*
851.90 Cerebral injury NFS open	852.50 EDH open
851.91 Cerebral injury NFS open no loc	852.51 EDH open no loc
851.92 Cerebral injury NFS open brief loc	852.52 EDH open brief loc
851.93 Cerebral injury NFS open moderate loc	852.53 EDH open moderate loc
851.94 Cerebral injury NFS open prolonged loc	852.54 EDH open prolonged loc
851.95 Cerebral injury NFS open prolonged loc with no return	852.55 EDH open prolonged loc with no return
851.96 Cerebral injury NFS open unspecified loc	852.56 EDH open prolonged loc unspecified duration
851.99 Cerebral injury NFS open concussion	852.59 EDH open concussion
852.0 TRAUM SUBARACHNOID HEM*	853.0 TRAUMATIC BRAIN HEM NEC*
852.00 SAH closed	853.00 Other intracranial hemorrhage closed
852.01 SAH closed no loc	853.01 Other intracranial hemorrhage closed no loc
852.02 SAH closed brief loc	853.02 Other intracranial hemorrhage closed brief loc
852.03 SAH closed moderate loc	853.03 Other intracranial hemorrhage closed moderate loc
852.04 SAH closed prolonged loc	853.04 Other intracranial hemorrhage closed prolonged loc
852.05 SAH closed prolonged loc with no return	853.05 Other intracranial hemorrhage closed prolonged loc with no return
852.06 SAH closed loc unspecified	853.06 Other intracranial hemorrhage closed loc unspecified
852.09 SAH closed concussion	853.09 Other intracranial hemorrhage closed concussion
852.1 SUBARACH HEM W OPN WOUND*	853.1 BRAIN HEM NEC W OPN WND*
852.10 SAH open	853.10 Other intracranial hemorrhage open
852.11 SAH open no loc	853.11 Other intracranial hemorrhage open no loc
852.12 SAH open brief loc	853.12 Other intracranial hemorrhage open brief loc
852.13 SAH open moderate loc	853.13 Other intracranial hemorrhage open moderate loc
852.14 SAH open prolonged loc	853.14 Other intracranial hemorrhage open prolonged loc
852.15 SAH open prolonged loc with no return	853.15 Other intracranial hemorrhage open prolonged loc with no return
852.16 SAH open loc unspecified	853.16 Other intracranial hemorrhage open loc unspecified
852.19 SAH open concussion	853.19 Other intracranial hemorrhage open concussion
852.2 TRAUMATIC SUBDURAL HEM*	854.0 BRAIN INJURY NEC*
852.20 SDH closed	854.00 Intracranial injury NOS closed
852.21 SDH closed no loc	854.01 Intracranial injury NOS closed no loc
852.22 SDH closed brief loc	854.02 Intracranial injury NOS closed brief loc
852.23 SDH closed moderate loc	854.03 Intracranial injury NOS closed moderate loc
852.24 SDH closed prolonged loc	854.04 Intracranial injury NOS closed prolonged loc
852.25 SDH closed prolonged loc with no return	854.05 Intracranial injury NOS closed prolonged loc no return
852.26 SDH closed loc unspecified	854.06 Intracranial injury NOS closed loc unspecified duration
852.29 SDH closed concussion	854.09 Intracranial injury NOS closed concussion
852.3 SUBDURAL HEM W OPN WOUND*	854.1 BRAIN INJ NEC W OPN WND*
852.30 SDH open	854.10 Intracranial injury NOS open
852.31 SDH open no loc	854.11 Intracranial injury NOS open no loc
852.32 SDH open brief loc	854.12 Intracranial injury NOS open brief loc
852.33 SDH open moderate loc	854.13 Intracranial injury NOS open moderate loc
852.34 SDH open prolonged loc	854.14 Intracranial injury NOS open prolonged loc
852.35 SDH open prolonged loc with no return	854.15 Intracranial injury NOS open prolonged loc no return
852.36 SDH open loc unspecified	854.16 Intracranial injury NOS open loc unspecified duration
852.39 SDH open concussion	854.19 Intracranial injury NOS open concussion
852.4 TRAUMATIC EXTRADURAL HEM*	860.0 Traumatic pneumothorax, closed
852.40 EDH closed	860.1 Traumatic pneumothorax, open
852.41 EDH closed no loc	860.2 Traumatic hemothorax, closed
852.42 EDH closed brief loc	

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860.3	Traumatic hemothorax, open	863.5	COLON INJURY-OPEN*
860.4	Traumatic pneumothorax, closed	863.50	Injury to colon unspecified site injury open
860.5	Traumatic pneumothorax, open	863.51	Ascending right colon injury open
861.0	HEART INJURY-CLOSED*	863.52	Transverse colon injury open
861.00	Injury to heart closed	863.53	Descending left colon injury open
861.01	Contusion of heart closed	863.54	Sigmoid colon injury open
861.02	Laceration of heart without penetration of chambers closed	863.55	Rectum injury open
861.03	Laceration of heart with penetration of chambers closed	863.56	Colon and rectum injury open
861.1	HEART INJURY-OPEN*	863.59	Injury to large intestine other open
861.10	Injury to heart open	863.8	GI INJURY NEC-CLOSED*
861.11	Contusion of heart open	863.80	GI tract injury unspecified closed
861.12	Laceration of heart without penetration of chambers open	863.81	Pancreas head injury closed
861.13	Laceration of heart with penetration of chambers open	863.82	Pancreas body injury closed
861.2	LUNG INJURY-CLOSED*	863.83	Pancreas tail injury closed
861.20	Lung injury closed	863.84	Pancreas unspecified injury closed
861.21	Lung contusion closed	863.85	Appendix injury closed
861.22	Lung laceration closed	863.89	Other injury to GI Tract closed
861.3	LUNG INJURY-OPEN*	863.9	GI INJURY NEC-OPEN*
861.30	Lung injury open	863.90	GI tract injury unspecified open
861.31	Lung contusion open	863.91	Pancreas head injury open
861.32	Lung laceration open	863.92	Pancreas body injury open
862.0	Injury diaphragm closed	863.93	Pancreas tail injury open
862.1	Injury diaphragm open	863.94	Pancreas unspecified injury open
862.2	OTH INTRATHORACIC INJ-CL*	863.95	Appendix injury open
862.21	Injury to bronchus closed	863.99	Other injury to GI Tract open
862.22	Injury to esophagus closed	864.0	LIVER INJURY-CLOSED*
862.29	Injury to other intrathoracic organs closed	864.00	Liver injury NFS closed
862.3	OTH INTRATHORAC INJ-OPEN*	864.01	Liver hematoma or contusion closed
862.31	Injury to bronchus open	864.02	Liver laceration minor closed
862.32	Injury to esophagus open	864.03	Liver laceration moderate closed
862.39	Injury to other intrathoracic organs open	864.04	Liver laceration major closed
862.8	Unspecified injury to intrathoracic organs closed	864.05	Liver laceration unspecified closed
862.9	Unspecified injury to intrathoracic organs closed	864.09	Liver injury other closed
863.0	Injury to stomach closed	864.1	LIVER INJURY-OPEN*
863.1	Injury to stomach open	864.10	Liver injury NFS open
863.2	SMALL INTESTINE INJ-CLOS*	864.11	Liver hematoma open
863.20	Injury to small intestine unspecified closed	864.12	Liver laceration minor open
863.21	Injury to duodenum closed	864.13	Liver laceration moderate open
863.29	Injury to small intestine other site closed	864.14	Liver laceration major open
863.3	SMALL INTESTINE INJ-OPEN*	864.15	Liver laceration unspecified open
863.30	Injury to small intestine unspecified open	864.19	Liver injury other open
863.31	Injury to duodenum open	865.0	SPLEEN INJURY-CLOSED*
863.39	Injury to small intestine other site open	865.00	Spleen injury NFS closed
863.4	COLON INJURY-CLOSED*	865.01	Spleen hematoma without rupture of capsule closed
863.40	Injury to colon unspecified site injury closed	865.02	Spleen injury with rupture of capsule closed
863.41	Ascending right colon injury closed	865.03	Spleen laceration extending into parenchyma closed
863.42	Transverse colon injury closed	865.04	Spleen laceration with massive parenchymal disruption closed
863.43	Descending left colon injury closed	865.09	Spleen injury other closed
863.44	Sigmoid colon injury closed	865.1	SPLEEN INJURY-OPEN*
863.45	Rectum injury closed	865.10	Spleen injury NFS open
863.46	Colon and rectum injury closed	865.11	Spleen hematoma without rupture of capsule open
863.49	Injury to large intestine other closed	865.12	Spleen injury with rupture of capsule open
		865.13	Spleen laceration extending into parenchyma open

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865.14	Spleen laceration with massive parenchymal disruption open	871.6	Penetration of eyeball with non-magnetic foreign body
865.19	Spleen injury other open	871.7	Unspecified ocular penetration
866.0	KIDNEY INJURY-CLOSED*	871.9	Unspecified open wound of eyeball
866.00	Kidney injury NFS closed	872.0	OPEN WOUND EXTERNAL EAR*
866.01	Kidney hematoma without rupture of capsule closed	872.00	Open wound of external ear unspecified site
866.02	Kidney laceration closed	872.01	Open wound of external ear pinna or auricle
866.03	Kidney complete disruption closed	872.02	Open wound of auditory canal
866.1	KIDNEY INJURY-OPEN*	872.1	OPEN WOUND EXT EAR-COMPL*
866.10	Kidney injury NFS open	872.10	Open wound of external ear unspecified site complicated
866.11	Kidney hematoma without rupture of capsule open	872.11	Open wound of external ear pinna or auricle complicated
866.12	Kidney laceration open	872.12	Open wound of auditory canal complicated
866.13	Kidney complete disruption open	872.6	OPEN WOUND OF EAR NEC*
867.0	Bladder or urethra injury closed	872.61	Open wound of ear drum
867.1	Bladder or urethra injury open	872.62	Open wound of ossicles
867.2	Ureter injury closed	872.63	Open wound of eustachian tube
867.3	Ureter injury open	872.64	Open wound of cochlea
867.4	Uterus injury closed	872.69	Other open wound of ear
867.5	Uterus injury open	872.7	OPEN WOUND EAR NEC-COMPL*
867.6	Other specified pelvic organ injury closed	872.71	Open wound of ear drum complicated
867.7	Other specified pelvic organ injury open	872.72	Open wound of ossicles complicated
867.8	Unspecified pelvic organ injury closed	872.73	Open wound of eustachian tube complicated
867.9	Unspecified pelvic organ injury open	872.74	Open wound of cochlea complicated
868.0	OTH INTRA-ABD INJ-CLOSED*	872.79	Other open wound of ear complicated
868.00	Unspecified intra-abdominal organ injury closed	872.8	Open wound of ear NOS
868.01	Adrenal gland injury closed	872.9	Open wound of ear NOS complicated
868.02	Gallbladder injury closed	873.0	Open wound of scalp
868.03	Peritoneum injury closed	873.1	Open wound of scalp complicated
868.04	Retroperitoneum injury closed	873.2	OPEN WOUND OF NOSE*
868.09	Other and multiple intra-abdominal organs injury closed	873.20	Open wound of nose unspecified site
868.1	OTH INTRA-ABD INJ-OPEN*	873.21	Open wound of nasal septum
868.10	Unspecified intra-abdominal organ injury open	873.22	Open wound of nasal cavity
868.11	Adrenal gland injury open	873.23	Open wound of nasal sinus
868.12	Gallbladder injury open	873.29	Open wound nose multiple sites
868.13	Peritoneum injury open	873.3	OPEN WOUND NOSE-COMPL*
868.14	Retroperitoneum injury open	873.30	Open wound of nose unspecified site complicated
868.19	Other and multiple intra-abdominal organs injury open	873.31	Open wound of nasal septum complicated
869.0	Internal injury to unspecified or ill defined organ closed	873.32	Open wound of nasal cavity complicated
869.1	Internal injury to unspecified or ill defined organ open	873.33	Open wound of nasal sinus complicated
870.0	Laceration of skin of eyelid and periocular area	873.39	Open wound nose multiple sites complicated
870.1	Laceration of eyelid full thickness	873.4	OPEN WOUND OF FACE*
870.2	Laceration of eyelid full thickness involving the lacrimal passages	873.40	Open wound of face unspecified site
870.3	Penetrating wound of orbit no foreign body	873.41	Open wound of cheek
870.4	Penetrating wound of orbit with foreign body	873.42	Open wound of forehead
870.8	Other specified open wound of ocular adnexa	873.43	Open wound of lip
870.9	Unspecified open wound of ocular adnexa	873.44	Open wound of jaw
871.0	Ocular laceration w/o prolapse of intraocular tissue	873.49	Open wound to face other and multiple sites
871.1	Ocular laceration with prolapse or exposure of intraocular tissue	873.5	OPEN WOUND FACE-COMPL*
871.2	Rupture of eye with partial loss of intraocular tissue	873.50	Open wound of face unspecified site complicated
871.3	Avulsion of eye	873.51	Open wound of cheek complicated
871.4	Unspecified laceration of eye	873.52	Open wound of forehead complicated
871.5	Penetration of eyeball with magnetic foreign body	873.53	Open wound of lip complicated
		873.54	Open wound of jaw complicated

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873.59	Open wound to face other and multiple sites complicated	879.3	Open wound of anterior abdominal wall complicated
873.6	OPN WOUND INTERNAL MOUTH*	879.4	Open wound of lateral abdominal wall
873.60	Open wound to mouth unspecified site	879.5	Open wound of lateral abdominal wall complicated
873.61	Open wound to buccal mucosa	879.6	Open wound of trunk unspecified
873.62	Open wound of gum	879.7	Open wound of trunk unspecified complicated
873.63	Open wound of tooth	879.8	Open wound NOS
873.64	Open wound of tongue and floor of mouth	879.9	Open wound NOS complicated
873.65	Open wound of palate	880.0	OPN WND SHOULDR/UPPR ARM*
873.69	Other wound of mouth	880.00	Open wound of shoulder
873.7	OPEN WND INT MOUTH-COMPL*	880.01	Open wound of scapular region
873.70	Open wound to mouth unspecified site complicated	880.02	Open wound of axillary region
873.71	Open wound to buccal mucosa complicated	880.03	Open wound of upper arm
873.72	Open wound of gum complicated	880.09	Open wound of shoulder or upper arm NFS
873.73	Open wound of tooth complicated	880.1	OPN WND SHLD/UP ARM-COMP*
873.74	Open wound of tongue and floor of mouth complicated	880.10	Open wound of shoulder complicated
873.75	Open wound of palate complicated	880.11	Open wound of scapular region complicated
873.79	Other wound of mouth complicated	880.12	Open wound of axillary region complicated
873.8	Other and unspecified open wound of head without mention of complication	880.13	Open wound of upper arm complicated
873.9	Other and unspecified open wound of head, complicated	880.19	Open wound of shoulder or upper arm NFS complicated
874.0	OPN WOUND LARYNX/TRACHEA*	880.2	OPN WND SHLD/UP ARM-TEND*
874.00	Open wound of larynx with trachea	880.20	Open wound of shoulder with tendon involvement
874.01	Open wound of larynx	880.21	Open wound of scapular region with tendon involvement
874.02	Open wound of trachea	880.22	Open wound of axillary region with tendon involvement
874.1	OPN WND LARYNX/TRACH-COMP*	880.23	Open wound of upper arm with tendon involvement
874.10	Open wound of larynx with trachea complicated	880.29	Open wound of shoulder or upper arm NFS with tendon involvement
874.11	Open wound of larynx complicated	881.0	OPEN WOUND OF LOWER ARM*
874.12	Open wound of trachea complicated	881.00	Open wound forearm
874.2	Open wound of thyroid	881.01	Open wound elbow
874.3	Open wound of thyroid complicated	881.02	Open wound wrist
874.4	Open wound of pharynx	881.1	OPEN WOUND LOW ARM-COMPL*
874.5	Open wound of pharynx complicated	881.10	Open wound forearm complicated
874.8	Open wound of neck NFS	881.11	Open wound elbow complicated
874.9	Open wound of neck NFS complicated	881.12	Open wound wrist complicated
875.0	Open wound of chest wall	881.2	OPN WND LOW ARM W TENDON*
875.1	Open wound of chest wall complicated	881.20	Open wound forearm with tendon involvement
876.0	Open wound of back	881.21	Open wound elbow with tendon involvement
876.1	Open wound of back complicated	881.22	Open wound wrist with tendon involvement
877.0	Open wound of buttock	882.0	Open wound of hand
877.1	Open wound of buttock complicated	882.1	Open wound of hand complicated
878.0	Open wound of penis	882.2	Open wound of hand with tendon involvement
878.1	Open wound of penis complicated	883.0	Open wound of finger or thumb
878.2	Open wound of scrotum or testes	883.1	Open wound of finger or thumb complicated
878.3	Open wound of scrotum or testes complicated	883.2	Open wound of finger or thumb with tendon involvement
878.4	Open wound of vulva	884.0	Open wound upper limb NOS
878.5	Open wound of vulva complicated	884.1	Open wound upper limb NOS complicated
878.6	Open wound of vagina	884.2	Open wound upper limb NOS complicated
878.7	Open wound of vagina complicated	885.0	Traumatic amputation of thumb
878.8	Open wound genitalia unspecified	885.1	Traumatic amputation of thumb complicated
878.9	Open wound genitalia unspecified complicated	886.0	Traumatic amputation of other finger
879.0	Open wound of breast	886.1	Traumatic amputation of other finger complicated
879.1	Open wound of breast complicated	887.0	Traumatic amputation of forearm or hand
879.2	Open wound of anterior abdominal wall		

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887.1	Traumatic amputation of forearm or hand complicated	901.0	Injury of thoracic aorta
887.2	Traumatic amputation of upper arm	901.1	Injury of brachiocephalic or subclavian artery
887.3	Traumatic amputation of upper arm complicated	901.2	Injury of superior vena cava
887.4	Traumatic amputation of arm or hand NFS	901.3	Injury of brachiocephalic or subclavian vein
887.5	Traumatic amputation of arm or hand NFS complicated	901.4	INJURY PULMONARY VESSEL*
887.6	Traumatic amputation of arm or hand NFS bilateral	901.40	Injury to pulmonary vessel NFS
887.7	Traumatic amputation of arm or hand NFS bilateral complicated	901.41	Injury to pulmonary artery
890.0	Open wound of hip or thigh	901.42	Injury to pulmonary vein
890.1	Open wound of hip or thigh complicated	901.8	INJ THORACIC VESSEL NEC*
890.2	Open wound of hip or thigh with tendon involvement	901.81	Injury to intercostal artery or vein
891.0	Open wound of knee, leg, or ankle	901.82	Injury to internal mammary artery or vein
891.1	Open wound of knee, leg, or ankle complicated	901.83	Injury to multiple blood vessels of thorax
891.2	Open wound of knee, leg, or ankle with tendon involvement	901.89	Injury to other blood vessels of thorax
892.0	Open wound of foot	901.9	Injury to other blood vessels of thorax nec
892.1	Open wound of foot complicated	902.0	Injury to abdominal aorta
892.2	Open wound of foot with tendon involvement	902.1	INJ INFERIOR VENA CAVA*
893.0	Open wound of toe	902.10	Injury to inferior vena cava NFS
893.1	Open wound of toe complicated	902.11	Injury to hepatic vein
893.2	Open wound of toe with tendon involvement	902.19	Injury to other vena cava NFS
894.0	Unspecified wound of lower extremity	902.2	INJ CELIAC/MESENTER ART*
894.1	Unspecified wound of lower extremity complicated	902.20	Injury to celiac or mesentery artery NFS
894.2	Unspecified wound of lower extremity with tendon involvement	902.21	Injury to gastric artery
895.0	Traumatic amputation of toe	902.22	Injury to hepatic artery
895.1	Traumatic amputation of toe complicated	902.23	Injury to splenic artery
896.0	Traumatic amputation of foot - unilateral	902.24	Injury to other specified branches of celiac axis
896.1	Traumatic amputation of foot - unilateral complicated	902.25	Injury to superior mesenteric artery
896.2	Traumatic amputation of foot - bilateral	902.26	Injury to primary branches of superior mesenteric artery
896.3	Traumatic amputation of foot - bilateral complicated	902.27	Injury to inferior mesenteric artery
897.0	Traumatic amputation of leg - unilateral below knee	902.29	Injury to other celiac or mesentric arteries
897.1	Traumatic amputation of leg - unilateral below knee complicated	902.3	PORTAL/SPLENIC VEIN INJ*
897.2	Traumatic amputation of leg - unilateral at or above knee	902.31	Injury to superior mesenteric vein primary subdivision
897.3	Traumatic amputation of leg - unilateral at or above knee complicated	902.32	Injury to inferior mesenteric vein
897.4	Traumatic amputation of leg - unilateral NFS	902.33	Injury to portal vein
897.5	Traumatic amputation of leg - unilateral NFS complicated	902.34	Injury to splenic vein
897.6	Traumatic amputation of leg - bilateral any level	902.39	Injury to other portal and splenic veins
897.7	Traumatic amputation of leg - bilateral any level complicated	902.4	RENAL VESSEL INJURY*
900.0	CAROTID ARTERY INJURY*	902.40	Injury to renal vessel
900.00	Injury of carotid artery NFS	902.41	Injury to renal artery
900.01	Injury of carotid artery common	902.42	Injury to renal vein
900.02	Injury of carotid artery external	902.49	Injury to other renal blood vessel
900.03	Injury of carotid artery internal	902.5	ILIAC VESSEL INJURY*
900.1	Injury of internal jugular vein	902.50	Injury to iliac vessel NFS
900.8	INJ HEAD/NECK VESSEL NEC*	902.51	Injury to hypogastric artery
900.81	Injury of external jugular vein	902.52	Injury to hypogastric vein
900.82	Injury of multiple blood vessels of head/neck	902.53	Injury to iliac artery
900.89	Injury of other blood vessels of head/neck	902.54	Injury to iliac vein
900.9	Injury unspecified blood vessel of head/neck	902.55	Injury to uterine artery
		902.56	Injury to uterine vein
		902.59	Injury to other iliac blood vessels
		902.8	INJ ABDOMINAL VESSEL NEC*
		902.81	Injury to ovarian artery
		902.82	Injury to ovarian vein
		902.87	Injury to multiple blood vessels of abdomen or pelvis
		902.89	Injury to other blood vessels of abdomen or pelvis

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902.9	Injury to unspecified blood vessel of abdomen or pelvis	907.0	Late effect of intracranial injury without skull fracture
903.0	INJURY AXILLARY VESSELS*	907.1	Late effect of injury to cranial nerve
903.00	Injury to axillary vessel NFS	907.2	Late effect of spinal cord injury
903.01	Injury to axillary artery	907.3	Late effect of injury to nerve root spinal plexus & other nerves of trunk
903.02	Injury to axillary vein	907.4	Late effect of injury to peripheral nerve of shoulder girdle & upper limb
903.1	Injury to brachial blood vessel	907.5	Late effect of injury to peripheral nerve of pelvic girdle & lower limb
903.2	Injury to radial blood vessel	907.9	Late effect of injury to other and unspecified nerve
903.3	Injury to ulnar blood vessel	908.0	Late effect of internal injury to chest
903.4	Injury to palmar artery	908.1	Late effect of internal injury to intra-abdominal organs
903.5	Injury to digital blood vessels	908.2	Late effect of internal injury to other internal organs
903.8	Injury to other specified blood vessels of upper extremity	908.3	Late effect of injury to blood vessel of head neck and extremities
903.9	Injury to unspecified blood vessels of upper extremity	908.4	Late effect of injury to blood vessel of thorax abdomen and pelvis
904.0	Injury to common femoral artery	908.5	Late effect of foreign body in orifice
904.1	Injury to superficial femoral artery	908.6	Late effect of certain complications of trauma
904.2	Injury to femoral vein	908.9	Late effect of unspecified injury
904.3	Injury to saphenous vein	909.0	Late effect of poisoning due to drug medicinal or biological substance
904.4	INJURY POPLITEAL VESSEL*	909.1	Late effect of toxic effects of nonmedical substances
904.40	Injury to popliteal vessel NFS	909.2	Late effect of radiation
904.41	Injury to popliteal artery	909.3	Late effect of complications of surgical and medical care
904.42	Injury to popliteal vein	909.4	Late effect of certain other external causes
904.5	INJURY TIBIAL VESSELS*	909.5	Late effect of adverse effect of drug medicinal or biological substance
904.50	Injury to tibial vessel NFS	909.9	Late effect of other and unspecified external causes
904.51	Injury to anterior tibial artery	910.0	Abrasion face, neck or scalp
904.52	Injury to anterior tibial vein	910.1	Abrasion face, neck or scalp infected
904.53	Injury to posterior tibial artery	910.2	Blister face, neck or scalp
904.54	Injury to posterior tibial vein	910.3	Blister face, neck or scalp infected
904.6	Injury deep plantar blood vessels	910.4	Insect bite face, neck, or scalp
904.7	Injury of other specified blood vessels of lower extremity	910.5	Insect bite face, neck, or scalp infected
904.8	Injury of unspecified blood vessels of lower extremity	910.6	Superficial foreign body face, neck, or scalp
904.9	Injury of unspecified blood vessels NOS	910.7	Superficial foreign body face, neck, or scalp infected
905.0	Late effect of fracture of skull and face bones	910.8	Other superficial injuries of face, neck, or scalp
905.1	Late effect of fracture of spine and trunk without spinal cord lesion	910.9	Other superficial injuries of face, neck, or scalp infected
905.2	Late effect of fracture of upper extremities	911.0	Abrasion of trunk
905.3	Late effect of fracture of neck of femur	911.1	Abrasion of trunk infected
905.4	Late effect of fracture of lower extremities	911.2	Blister trunk
905.5	Late effect of fracture of multiple and unspecified bones	911.3	Blister trunk infected
905.6	Late effect of dislocation	911.4	Insect bite of trunk
905.7	Late effect of sprain and strain without tendon injury	911.5	Insect bite of trunk infected
905.8	Late effect of tendon injury	911.6	Superficial foreign body of trunk
905.9	Late effect of traumatic amputation	911.7	Superficial foreign body of trunk infected
906.0	Late effect of open wound of head neck and trunk	911.8	Other superficial injury of trunk
906.1	Late effect of open wound of extremities without tendon injury	911.9	Other superficial injury of trunk infected
906.2	Late effect of superficial injury	912.0	Abrasion in upper arm and shoulder
906.3	Late effect of contusion	912.1	Abrasion in upper arm and shoulder infected
906.4	Late effect of crushing	912.2	Blister in upper arm and shoulder
906.5	Late effect of burn of eye face head and neck	912.3	Blister in upper arm and shoulder infected
906.6	Late effect of burn of wrist and hand		
906.7	Late effect of burn of other extremities		
906.8	Late effect of burns of other specified sites		
906.9	Late effect of burn of unspecified site		

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912.4	Insect bite in upper arm and shoulder	917.6	Superficial foreign body in foot or toe
912.5	Insect bite in upper arm and shoulder infected	917.7	Superficial foreign body in foot or toe infected
912.6	Superficial foreign body in upper arm and shoulder	917.8	Other superficial in foot or toe
912.7	Superficial foreign body in upper arm and shoulder infected	917.9	Other superficial in foot or toe infected
912.8	Other superficial in upper arm and shoulder	918.0	Superficial injury of eyelid and periorcular area
912.9	Other superficial in upper arm and shoulder infected	918.1	Superficial injury of cornea
913.0	Abrasion in elbow, forearm, and wrist	918.2	Superficial injury of conjunctiva
913.1	Abrasion in elbow, forearm, and wrist infected	918.9	Other and unspecified superficial injury of eye
913.2	Blister in elbow, forearm, and wrist	919.0	Abrasion in other, multiple or unspecified sites
913.3	Blister in elbow, forearm, and wrist infected	919.1	Abrasion in other, multiple or unspecified sites infected
913.4	Insect bite in elbow, forearm, and wrist	919.2	Blister in other, multiple or unspecified sites
913.5	Insect bite in elbow, forearm, and wrist infected	919.3	Blister in other, multiple or unspecified sites infected
913.6	Superficial foreign body in elbow, forearm, and wrist	919.4	Insect bite in other, multiple or unspecified sites
913.7	Superficial foreign body in elbow, forearm, and wrist infected	919.5	Insect bite in other, multiple or unspecified sites infected
913.8	Other superficial in elbow, forearm, and wrist	919.6	Superficial foreign body in other, multiple or unspecified sites
913.9	Other superficial in elbow, forearm, and wrist infected	919.7	Superficial foreign body in other, multiple or NFS sites infected
914.0	Abrasion in hand	919.8	Other superficial in other, multiple or unspecified sites
914.1	Abrasion in hand infected	919.9	Other superficial in other, multiple or unspecified sites infected
914.2	Blister in hand	920	Contusion of face scalp and neck except eye(s)
914.3	Blister in hand infected	921.0	Black eye
914.4	Insect bite in hand	921.1	Contusion of eyelid and periorcular area
914.5	Insect bite in hand infected	921.2	Contusion of orbital tissues
914.6	Superficial foreign body in hand	921.3	Contusion of eyeball
914.7	Superficial foreign body in hand infected	921.9	Unspecified contusion of eye
914.8	Other superficial in hand	922.0	Contusion of breast
914.9	Other superficial in hand infected	922.1	Contusion of chest wall
915.0	Abrasion in finger	922.2	Contusion of adominal wall
915.1	Abrasion in finger infected	922.3	CONTUSION OF BACK*
915.2	Blister in finger	922.31	Contusion of back
915.3	Blister in finger infected	922.32	Contusion of buttock
915.4	Insect bite in finger	922.33	Contusion of interscapular region
915.5	Insect bite in finger infected	922.4	Contusion of genital organs
915.6	Superficial foreign body in finger	922.8	Contusion of trunk multiple sites
915.7	Superficial foreign body in finger infected	922.9	Contusion of trunk NFS
915.8	Other superficial in finger	923.0	CONTUSION SHOULDER/ARM*
915.9	Other superficial in finger infected	923.00	Contusion of shoulder region
916.0	Abrasion in hip, thigh, leg, or ankle	923.01	Contusion of scapular region
916.1	Abrasion in hip, thigh, leg, or ankle infected	923.02	Contusion of axillary region
916.2	Blister in hip, thigh, leg, or ankle	923.03	Contusion of upper arm
916.3	Blister in hip, thigh, leg, or ankle infected	923.09	Contusion multiple sites of upper arm
916.4	Insect bite in hip, thigh, leg, or ankle	923.1	CONTUSION ELBOW/FOREARM*
916.5	Insect bite in hip, thigh, leg, or ankle infected	923.10	Contusion forearm
916.6	Superficial foreign body in hip, thigh, leg, or ankle	923.11	Coutusion of elbow
916.7	Superficial foreign body in hip, thigh, leg, or ankle infected	923.2	CONTUSION OF WRIST/HAND*
916.8	Other superficial in hip, thigh, leg, or ankle	923.20	Contusion of hand
916.9	Other superficial in hip, thigh, leg, or ankle infected	923.21	Contusion of wrist
917.0	Abrasion in foot or toe	923.3	Contusion of finger
917.1	Abrasion in foot or toe infected	923.8	Contusion multiple sites of upper limb
917.2	Blister in foot or toe	923.9	Contusion upper limb NOS
917.3	Blister in foot or toe infected	924.0	CONTUSION OF HIP & THIGH*
917.4	Insect bite in foot or toe		
917.5	Insect bite in foot or toe infected		

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924.00	Contusion of thigh	930.9	Forgein body in unspecified site of the eye
924.01	Contusion of hip	931	Foreign body in ear
924.1	CONTUSION KNEE/LOWER LEG*	932	Foreign body in nose
924.10	Contusion of lower leg	933.0	Foreign body in pharynx
924.11	Contusion of knee	933.1	Foreign body in larynx
924.2	CONTUSION ANKLE & FOOT*	934.0	Foreign body in trachea
924.20	Contusion of foot	934.1	Foreign body in main bronchus
924.21	Contusion of ankle	934.8	Foreign body in other specified parts bronchus and lung
924.3	Contusion of toe	934.9	Foreign body in respiratory tree unspecified
924.4	Contusion of multiple sites lower limb	935.0	Foreign body in mouth
924.5	Contusion of lower limb NOS	935.1	Foreign body in esophagus
924.8	Contusion of multiple sites NEC	935.2	Foreign body in stomach
924.9	Contusion of unspecified site	936	Foreign body in intestine and colon
925.1	Crush face or scalp	937	Foreign body in anus and rectum
925.2	Crush neck	938	Foreign body in digestive system unspecified
926.0	Crush external genitalia	939.0	Foreign body in bladder and urethra
926.1	OTH TRUNK CRUSHING INJ*	939.1	Foreign body in uterus any part
926.11	Crush back	939.2	Foreign body in vulva and vagina
926.12	Crush buttock	939.3	Foreign body in penis
926.19	Crush other sites of trunk	939.9	Foreign body in unspecified site in genitourinary tract
926.8	Crush multiple sites of trunk	940.0	Chemical burn of eyelids and periorcular area
926.9	Crush unspecified site of trunk	940.1	Other burns of eyelids and periorcular area
927.0	CRUSH INJ SHOULDER & ARM*	940.2	Alkaline chemical burn of cornea and conjunctival sac
927.00	Crush shoulder	940.3	Acid chemical burn of cornea and conjunctival sac
927.01	Crush scapular region	940.4	Other burn of cornea and conjunctival sac
927.02	Crush axillary region	940.5	Burn with resulting rupture and destruction of eyeball
927.03	Crush upper arm	940.9	Unspecified burn of eye and adnexa
927.09	Crush multiple of shoulder and upper arm	941.0	BURN NOS HEAD/FACE/NECK*
927.1	CRUSH INJ ELBOW/FOREARM*	941.00	Burn NOS of unspecified site of face and head
927.10	Crush forearm	941.01	Burn NOS of ear (any part)
927.11	Crush elbow	941.02	Burn NOS of eye (with other parts of face head and neck)
927.2	CRUSHING INJ WRIST/HAND*	941.03	Burn NOS of lip(s)
927.20	Crush hand	941.04	Burn NOS of chin
927.21	Crush wrist	941.05	Burn NOS of nose (septum)
927.3	Crush finger	941.06	Burn NOS of scalp (any part)
927.8	Crush multiple sites of upper limb	941.07	Burn NOS of forehead and cheek
927.9	Crush unspecified site of upper limb	941.08	Burn NOS of neck
928.0	CRUSHING INJ HIP/THIGH*	941.09	Burn NOS of multiple sites (except with eye) of face head and neck
928.00	Crush thigh	941.1	1ST DEGREE BURN HEAD*
928.01	Crush hip	941.10	First degree burn of unspecified site of face and head
928.1	CRUSH INJ KNEE/LOWER LEG*	941.11	First degree burn of ear (any part)
928.10	Crush lower leg	941.12	First degree burn of eye (with other parts face head and neck)
928.11	Crush knee	941.13	First degree burn of lip(s)
928.2	CRUSHING INJ ANKLE/FOOT*	941.14	First degree burn of chin
928.20	Crush foot	941.15	First degree burn of nose (septum)
928.21	Crush ankle	941.16	First degree burn of scalp (any part)
928.3	Crush toe	941.17	First degree burn of forehead and cheek
928.8	Crush multiple sites of lower limb	941.18	First degree burn of neck
928.9	Crush lower limb NOS	941.19	First degree burn of multiple sites (except w/ eye) of face head & neck
929.0	Crush multiple sites NEC	941.2	2ND DEGREE BURN HEAD*
929.9	Crush unspecified site		
930.0	Foreign body in cornea		
930.1	Foreign body in conjunctival sac		
930.2	Foreign body in lacrimal punctum		
930.8	Forgein body in other and combined sites of the eye		

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941.20	Second degree burn of face and head unspecified site	941.57	Deep third degree burn of forehead & cheek w/ loss of forehead & cheek
941.21	Second degree burn of ear (any part)	941.58	Deep third degree burn of neck with loss of neck
941.22	Second degree burn of eye (with other parts of face head and neck)	941.59	Deep 3rd degree burn multiple sites of face/head/neck w/ loss body part
941.23	Second degree burn of lip(s)	942.0	BURN NOS TRUNK*
941.24	Second degree burn of chin	942.00	Burn NOS of unspecified site of trunk
941.25	Second degree burn of nose (septum)	942.01	Burn NOS of breast
941.26	Second degree burn of scalp (any part)	942.02	Burn NOS of chest wall excluding breast and nipple
941.27	Second degree burn of forehead and cheek	942.03	Burn NOS of abdominal wall
941.28	Second degree burn of neck	942.04	Burn NOS of back (any part)
941.29	Second degree burn of multiple sites (except w/ eye) of face head & neck	942.05	Burn NOS of genitalia
941.3	3RD DEGREE BURN HEAD*	942.09	Burn NOS of other and multiple sites of trunk
941.30	Third degree burn NOS of unspecified site of face and head	942.1	1ST DEGREE BURN TRUNK*
941.31	Third degree burn NOS of ear (any part)	942.10	First degree burn of unspecified site of trunk
941.32	Third degree burn NOS of eye (with other parts of face head and neck)	942.11	First degree burn of breast
941.33	Third degree burn NOS of lip(s)	942.12	First degree burn of chest wall excluding breast and nipple
941.34	Third degree burn NOS of chin	942.13	First degree burn of abdominal wall
941.35	Third degree burn NOS of nose (septum)	942.14	First degree burn of back (any part)
941.36	Third degree burn NOS of scalp (any part)	942.15	First degree burn of genitalia
941.37	Third degree burn NOS of forehead and cheek	942.19	First degree burn of other and multiple sites of trunk
941.38	Third degree burn NOS of neck	942.2	2ND DEGREE BURN TRUNK*
941.39	Third degree burn NOS of multiple sites except w/ eye of face head & neck	942.20	Second degree burn of unspecified site of trunk
941.4	DEEP 3RD DEG BURN HEAD*	942.21	Second degree burn of breast
941.40	Deep third degree burn NFS site of face and head w/o loss of body part	942.22	Second degree burn of chest wall excluding breast and nipple
941.41	Deep third degree burn of ear (any part) without loss of ear	942.23	Second degree burn of abdominal wall
941.42	Deep 3rd degree burn of eye w/o loss of body part	942.24	Second degree burn of back (any part)
941.43	Deep third degree burn of lip(s) without loss of lip(s)	942.25	Second degree burn of genitalia
941.44	Deep third degree burn of chin without loss of chin	942.29	Second degree burn of other and multiple sites of trunk
941.45	Deep third degree burn of nose (septum) without loss of nose	942.3	3RD DEGREE BURN TRUNK*
941.46	Deep third degree burn of scalp (any part) without loss of scalp	942.30	Third degree burn NOS of unspecified site of trunk
941.47	Deep third degree burn of forehead & cheek w/o loss of forehead & cheek	942.31	Third degree burn NOS of breast
941.48	Deep third degree burn of neck without loss of neck	942.32	Third degree burn NOS of chest wall excluding breast and nipple
941.49	Deep 3rd degree burn multiple sites of face/head/neck w/o loss body part	942.33	Third degree burn NOS of abdominal wall
941.5	3RD DEG BURN W LOSS-HEAD*	942.34	Third degree burn NOS of back (any part)
941.50	Deep third degree burn of face and head NFS site w/ loss of body part	942.35	Third degree burn NOS of genitalia
941.51	Deep third degree burn of ear (any part) with loss of ear	942.39	Third degree burn NOS of other and multiple sites of trunk
941.52	Deep 3rd degree burn of eye w/ loss of a body part	942.4	DEEP 3RD DEG BURN TRUNK*
941.53	Deep third degree burn of lip(s) with loss of lip(s)	942.40	Deep third degree burn of trunk unspecified site w/o loss of body part
941.54	Deep third degree burn of chin with loss of chin	942.41	Deep third degree burn of breast without loss of breast
941.55	Deep third degree burn of nose (septum) with loss of nose	942.42	Deep 3rd degree burn of chest wall excluding breast w/o loss of chest wall
941.56	Deep third degree burn of scalp (any part) with loss of scalp	942.43	Deep third degree burn of abdominal wall without loss of abdominal wall
		942.44	Deep third degree burn of back (any part) without loss of back
		942.45	Deep third degree burn of genitalia without loss of genitalia

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942.49	Deep 3rd degree burn other/multiple sites of trunk w/o loss of body part	943.39	Third degree burn NOS of multiple sites of upper limb except wrist & hand
942.5	3 DEG BURN W LOSS-TRUNK*	943.4	DEEP 3RD DEG BURN ARM*
942.50	Deep third degree burn of NFS site of trunk w/ loss of body part	943.40	Deep third degree burn of NFS site of upper limb w/o loss of a body part
942.51	Deep third degree burn of breast with loss of breast	943.41	Deep third degree burn of forearm without loss of forearm
942.52	Deep 3rd degree burn of chest wall excluding breast w/ loss of chest wall	943.42	Deep third degree burn of elbow without loss of elbow
942.53	Deep third degree burn of abdominal wall with loss of abdominal wall	943.43	Deep third degree burn of upper arm without loss of upper arm
942.54	Deep third degree burn of back (any part) with loss of back	943.44	Deep necrosis of underlying tissues from burn of axilla w/o loss of axilla
942.55	Deep third degree burn of genitalia with loss of genitalia	943.45	Deep third degree burn of shoulder without loss of shoulder
942.59	Deep 3rd degree burn other/multiple sites of trunk w/ loss of a body part	943.46	Deep third degree burn of scapular region without loss of scapula
943.0	BURN NOS ARM*	943.49	Deep 3rd degree burn multiple sites of UE except wrist/hand w/o loss of UE
943.00	Burn NOS of unspecified site of upper limb	943.5	3RD DEG BURN W LOSS-ARM*
943.01	Burn NOS of forearm	943.50	Deep third degree burn of NFS site of upper limb w/ loss of a body part
943.02	Burn NOS of elbow	943.51	Deep third degree burn of forearm with loss of forearm
943.03	Burn NOS of upper arm	943.52	Deep third degree burn of elbow with loss of elbow
943.04	Burn NOS of axilla	943.53	Deep third degree burn of upper arm with loss of upper arm
943.05	Burn NOS of shoulder	943.54	Deep third degree burn of axilla with loss of axilla
943.06	Burn NOS of scapular region	943.55	Deep third degree burn of shoulder with loss of shoulder
943.09	Burn NOS multiple sites of upper limb except wrist and hand	943.56	Deep third degree burn of scapular region with loss of scapula
943.1	1ST DEGREE BURN ARM*	943.59	Deep 3rd degree burn multiple sites of UE except wrist & hand w/ loss UE
943.10	First degree burn of unspecified site of upper limb	944.0	BURN NOS HAND & WRIST*
943.11	First degree burn of forearm	944.00	Burn NOS of unspecified site of hand
943.12	First degree burn of elbow	944.01	Burn NOS of single digit (finger (nail)) other than thumb
943.13	First degree burn of upper arm	944.02	Burn NOS of thumb (nail)
943.14	First degree burn of axilla	944.03	Burn NOS of two or more digits of hand not including thumb
943.15	First degree burn of shoulder	944.04	Burn NOS of two or more digits of hand including thumb
943.16	First degree burn of scapular region	944.05	Burn NOS of palm of hand
943.19	First degree burn of multiple sites of upper limb except wrist and hand	944.06	Burn NOS of back of hand
943.2	2ND DEGREE BURN ARM*	944.07	Burn NOS of wrist
943.20	Second degree burn of unspecified site of upper limb	944.08	Burn NOS of multiple sites of wrist(s) and hand(s)
943.21	Second degree burn of forearm	944.1	1ST DEGREE BURN HAND*
943.22	Second degree burn of elbow	944.10	First degree burn of unspecified site of hand
943.23	Second degree burn of upper arm	944.11	First degree burn of single digit (finger (nail)) other than thumb
943.24	Second degree burn of axilla	944.12	First degree burn of thumb (nail)
943.25	Second degree burn of shoulder	944.13	First degree burn of two or more digits of hand not including thumb
943.26	Second degree burn of scapular region	944.14	First degree burn of two or more digits of hand including thumb
943.29	Second degree burn of multiple sites of upper limb except wrist and hand	944.15	First degree burn of palm of hand
943.3	3RD DEGREE BURN ARM*	944.16	First degree burn of back of hand
943.30	Third degree burn NOS of unspecified site of upper limb		
943.31	Third degree burn NOS of forearm		
943.32	Third degree burn NOS of elbow		
943.33	Third degree burn NOS of upper arm		
943.34	Third degree burn NOS of axilla		
943.35	Third degree burn NOS of shoulder		
943.36	Third degree burn NOS of scapular region		

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944.17	First degree burn of wrist	944.52	Deep third degree burn of thumb (nail) with loss of thumb
944.18	First degree burn of multiple sites of wrist(s) and hand(s)	944.53	Deep 3rd degree burn >=2 digits of hand not incl thumb w/ loss of fingers
944.2	2ND DEGREE BURN HAND*	944.54	Deep 3rd degree burn >=2 digits of hand including thumb w/ loss of fingers
944.20	Second degree burn of unspecified site of hand	944.55	Deep third degree burn of palm of hand with loss of palm of hand
944.21	Second degree burn of single digit (finger (nail)) other than thumb	944.56	Deep third degree burn of back of hand with loss of back of hand
944.22	Blisters w/ epidermal loss due to burn of (second degree) of thumb (nail)	944.57	Deep third degree burn of wrist with loss of wrist
944.23	Second degree burn of two or more digits of hand not including thumb	944.58	Deep 3rd degree burn multiple sites of wrist/hand w/ loss of a body part
944.24	Second degree burn of two or more digits of hand including thumb	945.0	BURN NOS LEG*
944.25	Second degree burn of palm of hand	945.00	Burn NOS of unspecified site of lower limb (leg)
944.26	Second degree burn of back of hand	945.01	Burn NOS of toe(s) (nail)
944.27	Second degree burn of wrist	945.02	Burn NOS of foot
944.28	Second degree burn of multiple sites of wrist(s) and hand(s)	945.03	Burn NOS of ankle
944.3	3RD DEGREE BURN HAND*	945.04	Burn NOS of lower leg
944.30	Third degree burn NOS of unspecified site of hand	945.05	Burn NOS of knee
944.31	Third degree burn NOS of single digit (finger (nail)) other than thumb	945.06	Burn NOS of thigh (any part)
944.32	Third degree burn NOS of thumb (nail)	945.09	Burn NOS of multiple sites of lower limb(s)
944.33	Third degree burn NOS of two or more digits of hand not including thumb	945.1	1ST DEGREE BURN LEG*
944.34	Third degree burn NOS of two or more digits of hand including thumb	945.10	First degree burn of unspecified site of lower limb (leg)
944.35	Third degree burn NOS of palm of hand	945.11	First degree burn of toe(s) (nail)
944.36	Third degree burn NOS of back of hand	945.12	First degree burn of foot
944.37	Third degree burn NOS of wrist	945.13	First degree burn of ankle
944.38	Third degree burn NOS of multiple sites of wrist(s) and hand(s)	945.14	First degree burn of lower leg
944.4	DEEP 3RD DEG BURN HAND*	945.15	First degree burn of knee
944.40	Deep third degree burn of unspecified site of hand without loss of hand	945.16	First degree burn of thigh (any part)
944.41	Deep 3rd degree burn of single digit other than thumb w/o loss of finger	945.19	First degree burn of multiple sites of lower limb(s)
944.42	Deep third degree burn of thumb (nail) without loss of thumb	945.2	2ND DEGREE BURN LEG*
944.43	Deep 3rd degree burn >=2 digits of hand excluding thumb w/o fingers	945.20	Blisters epidermal loss (second degree) of NFS site of lower limb (leg)
944.44	Deep 3rd degree burn >=2 digits of hand incl thumb w/o loss of fingers	945.21	Second degree burn of toe(s) (nail)
944.45	Deep third degree burn of palm of hand without loss of palm	945.22	Second degree burn of foot
944.46	Deep third degree burn of back of hand without loss of back of hand	945.23	Second degree burn of ankle
944.47	Deep third degree burn of wrist without loss of wrist	945.24	Second degree burn of lower leg
944.48	Deep 3rd degree burn of multiple sites wrist/hand w/o loss of a body part	945.25	Second degree burn of knee
944.5	3RD DEG BURN W LOSS-HAND*	945.26	Second degree burn of thigh (any part)
944.50	Deep third degree burn of unspecified site of hand with loss of hand	945.29	Second degree burn of multiple sites of lower limb(s)
944.51	Deep 3rd degree burn of single digit other than thumb w/ loss of finger	945.3	3RD DEGREE BURN LEG*
		945.30	Third degree burn NOS of unspecified site of lower limb
		945.31	Third degree burn NOS of toe(s) (nail)
		945.32	Third degree burn NOS of foot
		945.33	Third degree burn NOS of ankle
		945.34	Third degree burn NOS of lower leg
		945.35	Third degree burn NOS of knee
		945.36	Third degree burn NOS of thigh (any part)
		945.39	Third degree burn NOS of multiple sites of lower limb(s)
		945.4	DEEP 3RD DEGREE BURN LEG*
		945.40	Deep third degree burn NFS site lower limb (leg) w/o loss of a body part

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945.41	Deep third degree burn of toe(s) (nail) without loss of toe(s)	948.40	Burn 40 to 49%, less than 10% 3rd degree
945.42	Deep third degree burn of foot without loss of foot	948.41	Burn 40 to 49%, 10 to 19% 3rd degree
945.43	Deep third degree burn of ankle without loss of ankle	948.42	Burn 40 to 49%, 20 to 29% 3rd degree
945.44	Deep third degree burn of lower leg without loss of lower leg	948.43	Burn 40 to 49%, 30 to 39% 3rd degree
945.45	Deep third degree burn of knee without loss of knee	948.44	Burn 40 to 49%, 40 to 49% 3rd degree
945.46	Deep third degree burn of thigh (any part) without loss of thigh	948.5	50-59% BODY SURFACE BURN*
945.49	Deep 3rd degree burn multiple sites lower limb(s) w/o loss body part	948.50	Burn 50 to 59%, less than 10% 3rd degree
945.5	3RD DEG BURN W LOSS-LEG*	948.51	Burn 50 to 59%, 10 to 19% 3rd degree
945.50	Deep third degree burn NFS site lower limb (leg) w/ loss of a body part	948.52	Burn 50 to 59%, 20 to 29% 3rd degree
945.51	Deep third degree burn of toe(s) (nail) with loss of toe(s)	948.53	Burn 50 to 59%, 30 to 39% 3rd degree
945.52	Deep third degree burn of foot with loss of foot	948.54	Burn 50 to 59%, 40 to 49% 3rd degree
945.53	Deep third degree burn of ankle with loss of ankle	948.55	Burn 50 to 59%, 50 to 59% 3rd degree
945.54	Deep third degree burn of lower leg with loss of lower leg	948.6	60-69% BODY SURFACE BURN*
945.55	Deep third degree burn of knee with loss of knee	948.60	Burn 60 to 69%, less than 10% 3rd degree
945.56	Deep third degree burn of thigh (any part) with loss of thigh	948.61	Burn 60 to 69%, 10 to 19% 3rd degree
945.59	Deep third degree burn multiple sites of lower limb(s) w/ loss body part	948.62	Burn 60 to 69%, 20 to 29% 3rd degree
946.0	Burns of multiple specified sites unspecified degree	948.63	Burn 60 to 69%, 30 to 39% 3rd degree
946.1	First degree burn of multiple specified sites	948.64	Burn 60 to 69%, 40 to 49% 3rd degree
946.2	Second degree burn of multiple specified sites	948.65	Burn 60 to 69%, 50 to 59% 3rd degree
946.3	Third degree burn NOS of multiple specified sites	948.66	Burn 60 to 69%, 60 to 69% 3rd degree
946.4	Deep third degree burn multiple specified sites w/o loss of a body part	948.7	70-79% BODY SURFACE BURN*
946.5	Deep third degree burn of multiple specified sites w/ loss of a body part	948.70	Burn 70 to 79%, less than 10% 3rd degree
947.0	Burn of mouth and pharynx	948.71	Burn 70 to 79%, 10 to 19% 3rd degree
947.1	Burn of larynx trachea and lung	948.72	Burn 70 to 79%, 20 to 29% 3rd degree
947.2	Burn of esophagus	948.73	Burn 70 to 79%, 30 to 39% 3rd degree
947.3	Burn of gastrointestinal tract	948.74	Burn 70 to 79%, 40 to 49% 3rd degree
947.4	Burn of vagina and uterus	948.75	Burn 70 to 79%, 50 to 59% 3rd degree
947.8	Burn of other specified sites of internal organs	948.76	Burn 70 to 79%, 60 to 69% 3rd degree
947.9	Burn of internal organ unspecified site	948.77	Burn 70 to 79%, 70 to 79% 3rd degree
948.0	BODY SURFACE BURN < 10%*	948.8	80-89% BODY SURFACE BURN*
948.00	Burn less than 10% TBSA any degree	948.80	Burn 80 to 89%, less than 10% 3rd degree
948.1	10-19% BODY SURFACE BURN*	948.81	Burn 80 to 89%, 10 to 19% 3rd degree
948.10	Burn 10 to 19%, less than 10% 3rd degree	948.82	Burn 80 to 89%, 20 to 29% 3rd degree
948.11	Burn 10 to 19%, 10 to 19% 3rd degree	948.83	Burn 80 to 89%, 30 to 39% 3rd degree
948.2	20-29% BODY SURFACE BURN*	948.84	Burn 80 to 89%, 40 to 49% 3rd degree
948.20	Burn 20 to 29%, less than 10% 3rd degree	948.85	Burn 80 to 89%, 50 to 59% 3rd degree
948.21	Burn 20 to 29%, 10 to 19% 3rd degree	948.86	Burn 80 to 89%, 60 to 69% 3rd degree
948.22	Burn 20 to 29%, 20 to 29% 3rd degree	948.87	Burn 80 to 89%, 70 to 79% 3rd degree
948.3	30-39% BODY SURFACE BURN*	948.88	Burn 80 to 89%, 80 to 89% 3rd degree
948.30	Burn 30 to 39%, less than 10% 3rd degree	948.9	90% OR MORE BDY SURF BRN*
948.31	Burn 30 to 39%, 10 to 19% 3rd degree	948.90	Burn 90 to 100%, less than 10% 3rd degree
948.32	Burn 30 to 39%, 20 to 29% 3rd degree	948.91	Burn 90 to 100%, 10 to 19% 3rd degree
948.33	Burn 30 to 39%, 30 to 39% 3rd degree	948.92	Burn 90 to 100%, 20 to 29% 3rd degree
948.4	40-49% BODY SURFACE BURN*	948.93	Burn 90 to 100%, 30 to 39% 3rd degree
		948.94	Burn 90 to 100%, 40 to 49% 3rd degree
		948.95	Burn 90 to 100%, 50 to 59% 3rd degree
		948.96	Burn 90 to 100%, 60 to 69% 3rd degree
		948.97	Burn 90 to 100%, 70 to 79% 3rd degree
		948.98	Burn 90 to 100%, 80 to 89% 3rd degree
		948.99	Burn 90 to 100%, 90 to 100% 3rd degree
		949.0	Burn of unspecified site unspecified degree
		949.1	Erythema due to burn (first degree) unspecified site
		949.2	Blisters with epidermal loss due to burn (second degree) NFS site

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949.3	Full-thickness skin loss due to burn (third degree nos) unspecified site	953.9	Injury to nerve root unspecified site
949.4	Deep 3rd degree unspecified site w/o loss of a body part	954.0	Cervical sympathetic nerve injury
949.5	Deep 3rd degree unspecified site w/ loss of a body part	954.1	Other sympathetic nerve injury
950.0	Injury to optic nerve	954.8	Other specified nerve of trunk injury
950.1	Injury to optic chiasm	954.9	Unspecified nerve of trunk injury
950.2	Injury to optic pathways	955.0	Axillary nerve injury
950.3	Injury to visual cortex	955.1	Median nerve injury
950.9	Injury to optic nerve and pathways NOS	955.2	Ulnar nerve injury
951.0	Injury to oculomotor nerve	955.3	Radial nerve injury
951.1	Injury to trochlear nerve	955.4	Musculocutaneous nerve injury
951.2	Injury to trigeminal nerve	955.5	Cutaneous sensory nerve upper limb injury
951.3	Injury to abducens nerve	955.6	Digital nerve injury
951.4	Injury to facial nerve	955.7	Other specified nerves of shoulder girdle and upper limb
951.5	Injury to acoustic nerve	955.8	Multiple nerves of shoulder girdle and upper limb
951.6	Injury to spinal accessory nerve	955.9	Unspecified nerve of shoulder girdle and upper limb
951.7	Injury to hypoglossal nerve	956.0	Sciatic nerve injury
951.8	Injury to other specified cranial nerve	956.1	Femoral nerve injury
951.9	Injury to unspecified cranial nerve	956.2	Posterior tibial nerve injury
952.0	CERVICAL SPINAL CORD INJ*	956.3	Peroneal nerve injury
952.00	C1 to C4 injury NFS	956.4	Cutaneous sensory nerve lower limb injury
952.01	C1 to C4 complete lesion	956.5	Other specified nerves of pelvic girdle and lower limb injury
952.02	C1 to C4 anterior cord syndrome	956.8	Multiple nerves of pelvic girdle and lower limb injury
952.03	C1 to C4 central cord syndrome	956.9	Unspecified nerve of pelvic girdle and lower limb injury
952.04	C1 to C4 with other specified cord injury	957.0	Superficial nerves of head and neck injury
952.05	C5 to C7 injury NFS	957.1	Other specified nerves injury
952.06	C5 to C7 complete lesion	957.8	Multiple nerves in several parts injury
952.07	C5 to C7 anterior cord syndrome	957.9	Nerve injury NOS
952.08	C5 to C7 central cord syndrome	958.0	Air embolism
952.09	C5 to C7 with other specified cord injury	958.1	Fat embolism as an early complication of trauma
952.1	DORSAL SPINAL CORD INJUR*	958.2	Secondary and recurrent hemorrhage as an early complication of trauma
952.10	T1 to T6 injury NFS	958.3	Posttraumatic wound infection NEC
952.11	T1 to T6 complete lesion	958.4	Traumatic shock
952.12	T1 to T6 anterior cord syndrome	958.5	Traumatic anuria
952.13	T1 to T6 central cord syndrome	958.6	Volkmann's ischemic contracture
952.14	T1 to T6 other specified cord injury	958.7	Traumatic subcutaneous emphysema
952.15	T7 to T12 injury NFS	958.8	Other early complications of trauma
952.16	T7 to T12 complete lesion	958.90	Compartment syndrome, unspecified
952.17	T7 to T12 anterior cord syndrome	958.91	Traumatic compartment syndrome of upper extremity
952.18	T7 to T12 central cord syndrome	958.92	Traumatic compartment syndrome of lower extremity
952.19	T7 to T12 other specified cord injury	958.93	Traumatic compartment syndrome of abdomen
952.2	Lumbar spinal cord injury	958.99	Traumatic compartment syndrome of other sites
952.3	Sacral cord injury	959.0	FACE AND NECK INJURY NOS*
952.4	Cauda Equina cord injury	959.01	Head Injury NOS
952.8	Spinal cord injury multiple sites	959.09	Face/Neck Injury NOS
952.9	Spinal cord injury unspecified site	959.1	TRUNK INJURY NOS*
953.0	Cervical root injury	959.11	Other injury of chest wall
953.1	Dorsal root injury	959.12	Other injury of abdomen
953.2	Lumbar root injury	959.13	Fx corpus cavernosum penis
953.3	Sacral root injury	959.14	Other injury of external genitals
953.4	Brachial plexus injury	959.19	Other injury of other site of trunk
953.5	Lumbosacral plexus injury	959.2	Shoulder or upper arm injury NOS
953.8	Injury to nerve root multiple sites	959.3	Elbow, forearm, or wrist injury NOS

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959.4	Hand injury NOS	959.8	Other and unspecified injury to other specified sites
959.5	Finger injury NOS		
959.6	Hip or thigh injury NOS		
959.7	Knee, leg, ankle, or foot injury NOS		

## Appendix VI Abbreviated Injury Scale (AIS) 2005 Injury Diagnosis Codes

AIS 2005 Injury codes can be accessed using the DI Coder module, from the F9 Injury Diagnosis screen in Collector, or the AIS coding manual may be purchased through the following website:

[www.carcrash.org/publications\\_books.htm](http://www.carcrash.org/publications_books.htm)

## Appendix VII: AIS and ICD9 Diagnosis Codes for Brain or Facial Injury:

**AIS 2005 Code**

**Injury Description**

**Brain Injuries**

113000.6	Crush injury, head				
116000.3	Penetrating Injury to Skull NFS				
116002.3	Penetrating Injury to Skull, superficial, ≤ 2 cm. beneath entrance				
116004.5	Penetrating Injury to Skull, major; > 2 cm. penetration				
120199.3	Artery NFS				
120299.3	Anterior cerebral artery NFS				
120202.5	Anterior cerebral artery laceration				
120204.3	Anterior cerebral artery thrombosis; occlusion				
120205.4	Anterior cerebral artery thrombosis; occlusion - bilateral				
120206.3	Anterior cerebral artery traumatic aneurysm				
120499.4	Basilar artery NFS				
120402.5	Basilar artery laceration				
120404.5	Basilar artery thrombosis; occlusion				
120406.5	Basilar artery traumatic aneurysm				
121099.3	Internal carotid artery NFS				
121002.5	Internal carotid artery laceration				
121003.6	Internal carotid artery laceration, bilateral				
121004.4	Internal carotid artery thrombosis; occlusion				
121005.5	Internal carotid artery thrombosis; occlusion - bilateral				
121006.3	Internal carotid artery traumatic aneurysm				
121499.3	Middle cerebral artery NFS				
121402.5	Middle cerebral artery laceration				
121404.4	Middle cerebral artery thrombosis; occlusion				
121405.5	Middle cerebral artery, bilateral thrombosis; occlusion				
121406.3	Middle cerebral artery traumatic aneurysm				
121699.3	Other artery NFS [branch of anterior, posterior, or middle cerebral artery, or branch of basilar or vertebral artery]				
121602.4	Other artery laceration [branch of anterior, posterior, or				
		121604.3	Other artery thrombosis; occlusion [branch of anterior, posterior, or middle cerebral artery, or branch of basilar or vertebral artery]		
		121606.3	Other artery traumatic aneurysm [branch of anterior, posterior, or middle cerebral artery, or branch of basilar or vertebral artery]		
		121899.3	Posterior cerebral artery NFS		
		121802.5	Posterior cerebral artery laceration		
		121804.3	Posterior cerebral artery thrombosis; occlusion		
		121805.4	Posterior cerebral artery bilateral thrombosis; occlusion		
		121806.3	Posterior cerebral artery traumatic aneurysm		
		122899.3	Vertebral artery NFS		
		122802.5	Vertebral artery laceration		
		122803.6	Vertebral artery laceration, bilateral		
		122804.3	Vertebral artery thrombosis; occlusion		
		122805.4	Vertebral artery bilateral thrombosis; occlusion		
		122806.3	Vertebral artery traumatic aneurysm		
		122299.3	Sinus (intracranial) NFS		
		122202.4	Sinus (intracranial) laceration		
		122204.3	Sinus (intracranial) thrombosis; occlusion		
		120602.4	Carotid-cavernous fistula		
		120603.4	Carotid-cavernous fistula bilateral		
		120899.3	Cavernous sinus NFS		
		120802.4	Cavernous sinus laceration		
		120804.5	Cavernous sinus open laceration (bleeding externally or segmental loss		
		120806.3	Cavernous sinus thrombosis; occlusion		
		122099.4	Sigmoid sinus NFS		
		122002.4	Sigmoid sinus laceration		
		122003.5	Sigmoid sinus laceration bilateral		
		122004.5	Sigmoid sinus open laceration (bleeding externally) or segmental loss		
		122005.6	Sigmoid sinus open laceration (bleeding externally) or segmental loss bilateral		
		122006.4	Sigmoid sinus thrombosis; occlusion		
		122007.5	Sigmoid sinus thrombosis; occlusion bilateral		
		123099.4	Straight sinus NFS		
		123002.4	Straight sinus laceration		

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123003.5	Straight sinus open laceration (bleeding externally) or segmental loss		cm diameter
123004.5	Straight sinus thrombosis; occlusion	140404.4	Cerebellum contusion large; 15-30 cc; > 3 cm diameter
122499.3	Superior longitudinal (sagittal) sinus NFS	140405.5	Cerebellum contusion extensive; massive; total volume > 30 cc
122402.4	Superior longitudinal (sagittal) sinus laceration	140414.3	Cerebellum hematoma (hemorrhage) NFS
122404.5	Superior longitudinal (sagittal) sinus open laceration (bleeding externally) or segmental loss	140416.2	Cerebellum hematoma (hemorrhage) epidural or extradural tiny; < 0.6 cm thick
122406.4	Superior longitudinal (sagittal) sinus thrombosis; occlusion	140418.4	Cerebellum hematoma (hemorrhage) epidural or extradural small; moderate; ≤ 30 cc or ≤ 15 cc if ≤ age 10; 0.6 – 1 cm thick
122407.4	Superior longitudinal (sagittal) sinus thrombosis; occlusion anterior half of sinus	140422.5	Cerebellum hematoma (hemorrhage) epidural or extradural large; massive; extensive; > 30 cc or > 15 cc if ≤ age 10; > 1 cm thick
122408.5	Superior longitudinal (sagittal) sinus thrombosis; occlusion posterior half of sinus	140426.3	Cerebellum hematoma (hemorrhage) intracerebellar including petechial and subcortical NFS [include perilesional edema for size]
122699.3	Transverse sinus NFS		
122602.4	Transverse sinus laceration		
122603.5	Transverse sinus laceration bilateral	140428.2	Cerebellum hematoma (hemorrhage) intracerebellar including petechial and subcortical tiny; 0.6 cm diameter [includes radiographic "shearing" lesions]
122604.5	Transverse sinus open laceration (bleeding externally) or segmental loss		
122605.6	Transverse sinus open laceration (bleeding externally) or segmental loss bilateral	140430.4	Cerebellum hematoma (hemorrhage) intracerebellar including petechial and subcortical small; ≤ 15cc; 0.6-3 cm diameter
122607.6	Transverse sinus open laceration (bleeding externally) or segmental loss torcular	140434.5	Cerebellum hematoma (hemorrhage) intracerebellar including petechial and subcortical large; > 15 cc; > 3 cm diameter
122606.4	Transverse sinus thrombosis; occlusion		
122608.5	Transverse sinus thrombosis; occlusion bilateral		
122399.3	Vein NFS (Intracranial)	140438.3	Cerebellum hematoma (hemorrhage) subdural NFS
122599.3	Vein, major NFS [includes Galen, Labbe, Trolard, Rosenthal or internal cerebral]	140440.2	Cerebellum hematoma (hemorrhage) subdural tiny; < 0.6 cm thick
122502.4	Vein, major [includes Galen, Labbe, Trolard, Rosenthal or internal cerebral] laceration	140442.4	Cerebellum hematoma (hemorrhage) subdural small; moderate; ≤ 30 cc or ≤ 15 cc if ≤ age 10; 0.6-1 cm thick
122504.3	Vein, major [includes Galen, Labbe, Trolard, Rosenthal or internal cerebral] thrombosis; occlusion	140446.5	Cerebellum hematoma (hemorrhage) subdural large; massive; extensive; > 30 cc or > 15 cc if ≤ age 10; > 1 cm thick
122799.3	Vein, non-major NFS [any named vein that is not major]	140474.3	Cerebellum laceration [not from penetrating injury] NFS
122702.4	Vein, non-major [any named vein that is not major] laceration	140473.3	Cerebellum laceration [not from penetrating injury] ≤ 2 cm length or depth
122704.3	Vein, non-major [any named vein that is not major] thrombosis; occlusion	140472.4	Cerebellum laceration [not from penetrating injury] > 2 cm length or depth
140299.5	Brain stem [hypothalamus, medulla, midbrain, pons] NFS	140478.3	Cerebellum penetrating injury NFS
140202.5	Brain stem [hypothalamus, medulla, midbrain, pons] compression [includes transtentorial (uncal) or cerebellar tonsillar herniation]	140477.3	Cerebellum penetrating injury ≤ 2 cm deep
140204.5	Brain stem [hypothalamus, medulla, midbrain, pons] contusion	140476.5	Cerebellum penetrating injury > 2 cm deep
140208.5	Brain stem [hypothalamus, medulla, midbrain, pons] infarction	140466.2	Cerebellum subarachnoid hemorrhage
140210.5	Brain stem [hypothalamus, medulla, midbrain, pons] injury involving hemorrhage	140470.2	Cerebellum subpial hemorrhage
140212.6	Brain stem [hypothalamus, medulla, midbrain, pons] laceration	140699.3	Cerebrum NFS [includes basal ganglia, thalamus, putamen, globus pallidus]
140214.6	Brain stem [hypothalamus, medulla, midbrain, pons] massive destruction (crush-type injury)	140602.3	Cerebrum contusion NFS [include perilesional edema for size]
140216.6	Brain stem [hypothalamus, medulla, midbrain, pons] penetrating injury	140604.3	Cerebrum contusion single NFS
140218.6	Brain stem [hypothalamus, medulla, midbrain, pons] transection	140605.2	Cerebrum contusion single tiny; < 1 cm diameter
140499.3	Cerebellum NFS	140606.3	Cerebrum contusion single small; superficial; ≤ 30 cc or ≤ 15 cc if < age 10; 1-4 cm diameter or 1-2 cm diameter if ≤ age 10; midline shift ≤ 5 mm
140402.3	Cerebellum contusion, single or multiple, NFS [include perilesional edema for size]	140608.4	Cerebrum contusion single large; deep; 30 – 50 cc or 15 - 30 cc if ≤ age 10; > 4 cm diameter or 2 - 4 cm diameter if age ≤ 10; midline shift > 5 mm
140407.2	Cerebellum contusion tiny; < 1 cm diameter	140610.5	Cerebrum contusion single extensive; massive; total volume > 50 cc or > 30 cc if ≤ age 10
140403.2	Cerebellum contusion small; superficial; ≤ 15 cc; 1-3	140611.3	Cerebrum contusion multiple NFS
		141612.3	Cerebrum contusion multiple, on same side but NFS
		140613.2	Cerebrum contusion multiple, on same side, tiny; each < 1 cm diameter

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140614.3	Cerebrum contusion multiple, on same side, small; superficial; total volume ≤ 30 cc or ≤ 15 cc if ≤ age 10; midline shift ≤ 5 mm	140649.4	Cerebrum hematoma (hemorrhage), intracerebral small; ≤ 30 cc or ≤ 15 cc if age ≤ 10; 1 – 4 cm diameter or ≤ 1 cm if ≤ age 10; subcortical hemorrhage, associated with coma > 6 hours
140616.4	Cerebrum contusion multiple, on same side, large; total volume 30 – 50 cc or 15 – 30 cc if ≤ age 10; midline shift > 5 mm	140646.5	Cerebrum hematoma (hemorrhage), intracerebral small; ≤ 30 cc or ≤ 15 cc if age ≤ 10; 1 – 4 cm diameter or ≤ 1 cm if ≤ age 10; subcortical hemorrhage, associated with coma > 6 hours
140618.5	Cerebrum contusion multiple, on same side, extensive; massive; total volume > 50 cc or > 30 cc if ≤ age 10	140648.5	Cerebrum hematoma (hemorrhage), intracerebral, large; > 30 cc or > 15 cc if ≤ age 10; > 4 cm or > 1 cm diameter if ≤ age 10
140620.3	Cerebrum contusion multiple, at least one on each side but NFS	140641.5	Cerebrum hematoma (hemorrhage), intracerebral, large; > 30 cc or > 15 cc if ≤ age 10; > 4 cm or > 1 cm diameter if ≤ age 10, bilateral [each > 4 cm]
140621.2	Cerebrum contusion multiple, at least one on each side, tiny; each < 1 cm diameter	140650.3	Cerebrum hematoma, subdural NFS
140622.3	Cerebrum contusion multiple, at least one on each side, small; superficial; total volume ≤ 30 cc or ≤ 15 cc if ≤ age 10	140651.3	Cerebrum hematoma, subdural, tiny; < 0.6 cm thick [includes tentorial (subdural) blood one or both sides]
140624.4	Cerebrum contusion multiple, at least one on each side, large; total volume 30 - 50 cc or 15 - 30 cc if ≤ age 10	140652.4	Cerebrum hematoma, subdural, small; moderate; ≤ 50 cc or ≤ 25 cc if age ≤ 10; 0.6 – 1 cm thick
140626.5	Cerebrum contusion multiple, at least one on each side, extensive; massive; total volume > to cc of > 30 cc if ≤ age 10	140654.4	Cerebrum hematoma, subdural, small; moderate; ≤ 50 cc or ≤ 25 cc if age ≤ 10; 0.6 – 1 cm thick, bilateral [both sides 0.6 – 1 cm thick]
140628.4	Cerebrum diffuse axonal injury (DAI) NFS [requires coma > 6 hours or, if fatal within 6 hours, diagnosis is made by pathological examination]	140655.5	Cerebrum hematoma, subdural, large; massive; extensive; > 50 cc or > 25 cc if age ≤ 10; > 1 cm thick
140625.4	Cerebrum DAI confined to white matter or basal ganglia	140655.5	Cerebrum hematoma, subdural, large; massive; extensive; > 50 cc or > 25 cc if age ≤ 10; > 1 cm thick, bilateral [at least one side > 1 cm thick]
140627.5	Cerebrum DAI involving corpus callosum	140688.3	Cerebrum laceration NFS [not from penetrating injury]
140629.3	Cerebrum hematoma (hemorrhage) NFS	140687.3	Cerebrum laceration ≤ 2 cm length or depth
140630.3	Cerebrum hematoma (hemorrhage) epidural or extradural [include perilesional edema for size]	140686.4	Cerebrum laceration > 2 cm length or depth
140631.2	Cerebrum hematoma (hemorrhage) epidural or extradural, tiny; < 0.6 cm thick	140690.3	Cerebrum penetrating injury NFS
140632.4	Cerebrum hematoma (hemorrhage) epidural or extradural, small; moderate; ≤ 50 cc or ≤ 25 cc if ≤ age 10; 0.6 – 1 cm thick	140691.3	Cerebrum penetrating injury ≤ 2 cm deep
140634.5	Cerebrum hematoma (hemorrhage) epidural or extradural, small; moderate; bilateral	140692.5	Cerebrum penetrating injury > 2 cm deep
140636.5	Cerebrum hematoma (hemorrhage) epidural or extradural, large; massive; extensive; > 50 cc or > 25 cc if ≤ age 10; > 1 cm thick	140678.2	Cerebrum intraventricular hemorrhage
140638.3	Cerebrum hematoma (hemorrhage), intracerebral NFS [include perilesional edema for size]	140675.2	Cerebrum intraventricular hemorrhage not associated with coma > 6 hours
140639.2	Cerebrum hematoma (hemorrhage), intracerebral, tiny; single or multiple < 2 cm diameter	140677.4	Cerebrum intraventricular hemorrhage associated with coma > 6 hours
140642.2	Cerebrum hematoma (hemorrhage), intracerebral, tiny; single or multiple < 2 cm diameter, petechial hemorrhage(s) [includes radiographic “shearing” lesions]	140693.2	Cerebrum subarachnoid hemorrhage NFS
140643.2	Cerebrum hematoma (hemorrhage), intracerebral, tiny; single or multiple < 2 cm diameter, petechial hemorrhage(s) [includes radiographic “shearing” lesions] not associated with coma > 6 hours	140694.2	Cerebrum subarachnoid hemorrhage not associated with coma > 6 hours
140645.4	Cerebrum hematoma (hemorrhage), intracerebral, tiny; single or multiple < 2 cm diameter, petechial hemorrhage(s) [includes radiographic “shearing” lesions] associated with coma > 6 hours	140695.3	Cerebrum subarachnoid hemorrhage associated with coma > 6 hours
140640.4	Cerebrum hematoma (hemorrhage), intracerebral small; ≤ 30 cc or ≤ 15 cc if age ≤ 10; 1 – 4 cm diameter or ≤ 1 cm if ≤ age 10; subcortical hemorrhage	140696.2	Cerebrum subpial hemorrhage NFS
140647.3	Cerebrum hematoma (hemorrhage), intracerebral small; ≤ 30 cc or ≤ 15 cc if age ≤ 10; 1 – 4 cm diameter or ≤ 1 cm if ≤ age 10; subcortical hemorrhage, not	140697.2	Cerebrum subpial hemorrhage not associated with coma > 6 hours
		140698.3	Cerebrum subpial hemorrhage associated with coma > 6 hours
		140799.3	Pituitary injury
		161007.4	Diffuse axonal injury (prolonged traumatic coma LOC > 6 hours not due to mass lesion) NFS
		161008.4	Diffuse axonal injury LOC 6 – 24 hours (mild DAI)
		161011.5	Diffuse axonal injury LOC > 24 hours NFS
		161012.5	Diffuse axonal injury LOC > 24 hours without brainstem signs (moderate DAI)
		161013.5	Diffuse axonal injury LOC > 24 hours with brainstem signs (severe DAI)
			<b>Face Injuries</b>
		216000.1	Penetrating injury NFS
		216002.1	Penetrating injury, minor; superficial
		216004.2	Penetrating injury with tissue loss > 25 cm <sup>2</sup>
		216006.3	Penetrating injury with blood loss > 20% by volume

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216008.4	Penetrating injury, massive destruction of whole face including both eyes	804.1	Multiple fractures involving skull or face with other bones, closed with cerebral laceration and contusion
220200.1	External carotid artery branch(es) laceration NFS [includes facial, temporal, and internal maxillary]	804.2	Multiple fractures involving skull or face with other bones, closed with subarachnoid, subdural, and extradural hemorrhage
220202.1	External carotid artery branch(es) laceration minor; superficial	804.3	Multiple fractures involving skull or face with other bones, closed with other unspecified intracranial hemorrhage
220204.3	External carotid artery branch(es) laceration major; transection; blood loss > 20% by volume	804.4	Multiple fractures involving skull or face with other bones, closed with intracranial injury of other and unspecified nature

**ICD9-CM Code**      **Injury Descriptors**

**Brain Injuries**

800.1	Fracture of vault of skull, closed with cerebral laceration and contusion	804.6	Multiple fractures involving skull or face with other bones, open with cerebral laceration and contusion
800.2	Fracture of vault of skull, closed with subarachnoid, subdural, and extradural hemorrhage	804.7	Multiple fractures involving skull or face with other bones, open with subarachnoid, subdural, and extradural hemorrhage
800.3	Fracture of vault of skull, closed with other and unspecified intracranial hemorrhage	804.8	Multiple fractures involving skull or face with other bones, open with other unspecified intracranial hemorrhage
800.4	Fracture of vault of skull, closed with intracranial injury of other and unspecified nature	804.9	Multiple fractures involving skull or face with other bones, open with intracranial injury of other and unspecified nature
800.6	Fracture of vault of skull, open with cerebral laceration and contusion	851	Cerebral laceration and contusion
800.7	Fracture of vault of skull, open with subarachnoid, subdural, and extradural hemorrhage	851.0	Cortex (cerebral) contusion without mention of open intracranial wound
800.8	Fracture of vault of skull, open with other and unspecified intracranial hemorrhage	851.1	Cortex (cerebral) contusion with open intracranial wound
800.9	Fracture of vault of skull, open with intracranial injury of other and unspecified nature	851.2	Cortex (cerebral) laceration without mention of open intracranial wound
801.1	Fracture of base of skull, closed with cerebral laceration and contusion	851.3	Cortex (cerebral) laceration with open intracranial wound
801.2	Fracture of base of skull, closed with subarachnoid, subdural, and extradural hemorrhage	851.4	Cerebellar or brain stem contusion without mention of open intracranial wound
801.3	Fracture of base of skull, closed with other and unspecified intracranial hemorrhage	851.5	Cerebellar or brain stem contusion with open intracranial wound
801.4	Fracture of base of skull, closed with intracranial injury of other and unspecified nature	851.6	Cerebellar or brain stem laceration without mention of open intracranial wound
801.6	Fracture of base of skull, open with cerebral laceration and contusion	851.7	Cerebellar or brain stem laceration with open intracranial wound
801.7	Fracture of base of skull, open with subarachnoid, subdural, and extradural hemorrhage	851.8	Other and unspecified cerebral laceration and contusion, without mention of open intracranial wound
801.8	Fracture of base of skull, open with other and unspecified intracranial hemorrhage	851.9	Other and unspecified cerebral laceration and contusion, with open intracranial wound
801.9	Fracture of base of skull, open with intracranial injury of other and unspecified nature	852	Subarachnoid, subdural, and extradural hemorrhage, following injury
803.1	Other and unqualified skull fractures, closed with cerebral laceration and contusion	852.0	Subarachnoid hemorrhage following injury without mention of open intracranial wound
803.2	Other and unqualified skull fractures, closed with subarachnoid, subdural, and extradural hemorrhage	852.1	Subarachnoid hemorrhage following injury with open intracranial wound
803.3	Other and unqualified skull fractures, closed with other and unspecified intracranial hemorrhage	852.2	Subarachnoid hemorrhage following injury without mention of open intracranial wound
803.4	Other and unqualified skull fractures, closed with intracranial injury of other and unspecified nature	852.3	Subdural hemorrhage following injury with open intracranial wound
803.6	Other and unqualified skull fractures, open with cerebral laceration and contusion	852.4	Extradural hemorrhage following injury without mention of open intracranial wound
803.7	Other and unqualified skull fractures, open with subarachnoid, subdural, and extradural hemorrhage	852.5	Extradural hemorrhage following injury with open intracranial wound
803.8	Other and unqualified skull fractures, open with other and unspecified intracranial hemorrhage	853	Other and unspecified intracranial hemorrhage following injury
803.9	Other and unqualified skull fractures, open with intracranial injury of other and unspecified nature	853.0	Other and unspecified intracranial hemorrhage following injury without mention of open intracranial wound

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853.1	Other and unspecified intracranial hemorrhage following injury with open intracranial wound	900.03	Injury to internal carotid artery
854	Intracranial injury of other and unspecified nature	900.1	Injury to internal jugular vein
854.0	Intracranial injury of other and unspecified nature without mention of open intracranial wound	900.8	Injury to other specified blood vessels of head and neck
854.1	Intracranial injury of other and unspecified nature with open intracranial wound	900.81	Injury to external jugular vein
900	Injury to blood vessels of head and neck	900.82	Injury to multiple blood vessels of head and neck
900.0	Injury to carotid artery, unspecified	900.9	Injury to unspecified blood vessel of head and neck
900.01	Injury to common carotid artery		
900.02	Injury to external carotid artery		

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## Appendix VIII

### Legacy Data Elements (No Longer on Screen):

Section	Screen	Data Element Description	Collector Data Name	Definition
Pre-H/Transfer	F3.2	Nailbed	NAILBED	The time for capillary refill, as measured by "nail pinch". 1= Two Seconds or Less 2= More than Two Seconds 3= No Response
Pre-H/Transfer	F3.2	Pupils	PUPILS	Pupil size 1= Equal 2= Not Equal
Pre-H/Transfer	F3.2	Pre-Hospital Consciousness	PHI_CONSC	The "consciousness" component of the Pre-Hospital index (PHI) field triage score. Use the <b>worst</b> value if several are available. 1= Normal 2= Confused or Combative 3= No Intelligible Words U= Unknown
Pre-H/Transfer	F3.2	Pre-Hospital Respirations	PHI_RESP	The "respirations" component of the Pre-Hospital index (PHI) field triage score. Use the <b>worst</b> value if several are available. 1= Normal 2= Labored or Shallow 3= <10/Minute (or needs intubation) U= Unknown
Pre-H/Transfer	F3.2	Prehospital Index (PHI) score	PHI	This field is calculated by Collector. A field triage score determining triage protocols. PI components are; 1-Systolic Blood Pressure, 2- Pulse, 3- Respirations, 4- Consciousness, 5-Penetrating vs. not penetrating wound.
Pre-H/Transfer	F3.2	TRIAG_S_1	Triagcr1	The most important criteria used to identify a patient as a major trauma victim as recorded on the pre-hospital run form. Vital Signs and Level of Consciousness Anatomy of Injury Biomechanics of Injury Other Risk Factors Gut Feeling of Medic